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**Much More than Malnutrition:
Motherhood and the State in the Peruvian Andes**

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A thesis submitted to the Department of Anthropology of the
University of Sussex for the degree of Doctor of Philosophy
Brighton, April 16, 2016

For my family, Iñigo, Olaia and Evan

And for my comadre, Leonor

University of Sussex

Bronwen Gillespie

**THESIS SUBMITTED FOR DEGREE OF DOCTOR OF
PHILOSOPHY IN ANTHROPOLOGY**

Much More than Malnutrition:

Motherhood and the State in the Peruvian Andes

Summary

This thesis draws on women's lived experience as recipients of state programmes and services aimed at poor mothers to explore contradictions in processes of development and social inclusion. Women's ambivalent responses to these programmes raise important questions, first of all, about being the targeted object and what 'for poor mothers' means to those so categorised, and secondly, about the act of targeting, and how it can serve both as a constraint and as a resource.

State concern with chronic child malnutrition serves as the entrance point to my research, carried out in rural Ayacucho, Peru, from October 2012 to November 2013. This project was motivated by concerns regarding the medicalisation of food scarcity, as malnutrition, and how this approach spread to further interventions by the state to shape parenting in the rural Andes. I examine three programmes: (1.) mothers' interactions with the local public health centre, which is at the forefront of the state's effort to reduce chronic child malnutrition, (2.) the *Juntos* ('Together') cash transfer programme, under which families receive small bi-monthly payments conditional on children's school attendance and health centre check-ups, and (3.) the *Cuna Mas* ('Cradle Plus') programme, which involves home visits to promote mother-child interaction and play.

My research builds on the concepts of 'governmentality' and 'reproductive governance' by examining how women in their roles as mothers are sought out for the development of the nation, and urged to act along state-recommended lines. By looking at their reactions to being targeted, I explore how they make use of what is on offer and manage the boundaries of their inclusion. I show that considerations of agency are central to debates on citizenship and inclusion, as well as to understanding the implications of medicalisation.

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List of Abbreviations

AAH – Action Against Hunger
CMI – Child Malnutrition Initiative
CCT – conditional cash transfer
IDB – Inter-American Development Bank
IMF – International Monetary Fund
MAIS – Articulated Integral Health Model
MEF – Ministry of Economy and Finance
MIDIS – Ministry of Development and Social Inclusion
MINSA – Ministry of Health
NGO – Non Governmental Organisation
PAN – Articulated Nutrition Program
PRONOEI - Non-standardised Initial Education (pre-school)
WHO – World Health Organisation

Glossary

campesino: farmer or peasant

chakra: plot of land

charqui: Andean dried meat

cholo: mixed race (white and indigenous), can be used pejoratively

Creceer: Grow (Government strategy)

Cuna Mas: ‘Cradle Plus’ or ‘Cradle More’, the public daycare service

curandera / curandero: traditional healer

faena: communal village work day

gamonales: Quechua speaking elite Andean landholding class

Juntos: ‘Together’ (the cash transfer program)

mestizo: mixed race (white and indigenous)

patron: spirit of the land

pagapu: ceremony to spirit of the land, often to resolve illness, carried out by *curandero*

Qali Warma: ‘energetic child’ (according to the programme’s own translation from Quechua to Spanish), the Humala administration’s expanded version of the existing school lunch programme in which provisions are delivered to be cooked at schools

segundos: solid food such as rice or beans or pasta, as opposed to soup

sol: Peruvian currency (one sterling pound at that time was just under 5 soles)

susto: common children’s illness of soul-loss

tara: a tree native to Peru, with red seed pods harvested and sold for industrial purposes

Teniente: lieutenant (term used for the position of village president)

Vaso de Leche: ‘Glass of Milk’, a government family food distribution programme for families dating from the eighties, primarily oil and milk

Wawa Wasi: ‘baby house’ (previous name for public daycare service)

Chapter 1: Introduction

1.1. Introduction

This thesis is about women's engagement with state programmes and services offered to them as mothers in the rural Andes. State concern with chronic child malnutrition is the entrance point, but this is closely entwined with other parenting practices beyond diet – such as hygiene, general health, cleanliness, school assistance, early childhood education and fertility. I explore how women, targeted by the state in the role of mother, and their condition as the rural poor, make sense of and engage with the programmes and services offered, and how the activities promoted by the state find a place in their everyday lives. What are the implications of these programmes, especially for socially and economically marginal populations?

I look specifically at their interactions with the local public health centre, under the Ministry of Health (MINSA) which is at the forefront of the state's effort to reduce chronic child malnutrition, at the *Juntos* ('Together') cash transfer programme, under which poor rural families receive small bi-monthly payments conditional on children's school attendance and health centre check-ups, and the new *Cuna Mas* ('Cradle Plus'¹) family accompaniment programme which involves home visits to promote mother-child interaction and play. These last two programmes are under the Ministry of Development and Social Inclusion (MIDIS), as of the start of the Humala administration (2011). I carried out this research in a small village (that I will call Canaguilla²) about an hour's drive from the regional capital of Ayacucho, in Peru, over the course of year, starting towards the end of 2012, with many trips to the nearby district capital and to Ayacucho itself, to get a sense of the larger system within which these programmes were taking place.

This work lends itself to an analysis of 'governmentality' as introduced by Foucault, and is located, more specifically, within the field of 'reproductive governance.' It is concerned with the way in which poor rural women in their roles as mothers are sought by the state, not just to ensure the welfare of their children, but for the development of the nation, and how mothers come to act along state-recommended lines, as state

¹ I have seen the programme name translated as 'Cradle More' and 'Cradle Plus.'

² All place names and people's names have been changed to respect anonymity.

discourse on education and development mingles with their own desire for an urban professional future for their children. The concept of medicalisation is relevant, referring to how parenting is viewed through a medical gaze, and enables a critical look at the issues hidden behind malnutrition-related programming. Scholarship on agency and pragmatism also helps to explain how women negotiate the ensuing new knowledge in their everyday lives.

In this thesis I draw on women's lived experience as recipients of state programmes aimed at poor mothers to explore the contradictions in targeting for development. Women's ambivalent response to these programmes raises important questions, first of all, about being the targeted object and what 'for poor mothers' means to those so categorised, and secondly, about the act of targeting, and how it can serve both as a constraint and as a resource. Despite painting a critical picture of these interventions, my research demonstrates the centrality of women's agency, in how they make use of what is on offer and manage the boundaries of their inclusion. I show that considerations of agency are central to debates on citizenship and inclusion, and to understanding the implications of medicalisation.

In this chapter I set the scene for the research, laying out the geographical and social context and my research methods. In the second chapter I offer a brief review of the scholarly literature that this thesis draws upon and to which it contributes. The next three chapters each tackle a specific programme or service. I start off with the *Juntos* cash transfer programme, which has served as a catalyst for the rest of the work, setting a framework for the relationship between these women and the state. In Chapter 3 I describe how village mothers make use of *Juntos*, and the values it promotes, despite the atmosphere of intrusion that has accompanied the programme from the start. In Chapter 4 I turn to look at the nutrition work carried out within the public health services, demonstrating that women's adoption of certain recommendations, and not others, has more to do with distrust of the state, than any acceptance or rejection of biomedicine itself. (I use the term biomedicine to distinguish Western science-based medical care from other medical traditions). Chapter 5 is about the *Cuna Mas* family accompaniment programme, how it has been adopted on terms very different than those imagined by policy, and how women read the programme, and their location, in relation to state development goals.

1.2. Peru prioritises malnutrition

‘Malnutrition’ as I said above, can be seen as the entrance point for this research project, as it is the concern from which much of the mother-state interaction studied here stems. ‘Malnutrition’ is also the reason I found myself in the region of Ayacucho in the first place. This all started in 2011 when I moved from Lima, Peru to Ayacucho in the Peruvian Andes with my husband and my two little children, while working for the non-governmental organisation (NGO) Action Against Hunger (AAH), in a multi-sector programme to support state efforts to reduce chronic child malnutrition in the Andes. My experience with AAH, in charge of the ‘cultural component,’ opened the door to my subsequent doctoral research in the same region, research which itself grew out of my discomfort with the way the problem of malnutrition was framed and my curiosity about how state and NGO efforts were understood by the targeted populations themselves.

The opportunity to work for AAH in Ayacucho was linked to the high levels of chronic child malnutrition in the region, noteworthy enough to lay claim to foreign aid funds. A comparative survey of Latin America and the Caribbean in 2008 indicated that Peru had one of the highest rates of undernutrition in the region, at 29.8 percent, despite Peru’s status as the second fastest growing economy (Mejía Acosta 2011:10). The high level of undernutrition in Peru refers to chronic malnutrition, or stunting, in the public health literature, a condition defined as short stature for age in the crucial birth to 18 months’ period, relating to insufficient nutrient intake, but not necessarily lack of food, as compared to acute malnutrition (wasting), which is measured instead by upper arm circumference and weight-for-height, and seen in emergency situations.³ The Peruvian government, along with overseas donors, had been attempting to address malnutrition from the seventies onwards with initiatives including the establishment of the National Office for Food Support and the *Comedores Populares* (soup kitchens) (Mejia Acosta and Haddad 2014) and the still existing *Vaso de Leche* (Glass of Milk) program offering food aid, initiated in 1985 as a municipal program in Lima and expanded in 1991 in response to demands from women’s committees (Palma 2010). Most food-related programs were centralised under the PRONAA (National Program for Food Assistance) in the nineties, but efforts to reduce malnutrition lacked an overarching strategy or

³ <http://www.unicef.org/nutrition/training>, Last accessed February 12, 2016.

accountability (Mejia Acosta and Haddad 2014). Child chronic malnutrition remained high, especially in rural areas, at 44 percent in 2005 according to government figures (INEI 2005). In 2006, the Peruvian government with other national and international institutions (including the Pan-American Health Organisation, UNICEF and civil society round tables) formed the Child Malnutrition Initiative (CMI) umbrella group, to coordinate to put nutrition at the top of the political agenda, and to offer technical support to the government (Loret de Mola et al. 2014, Mejía Acosta and Haddad 2014). In 2007 the government created the *Creceer* (Grow) Strategy, a framework to fight malnutrition in combination with anti-poverty programming. The *Juntos* state conditional cash transfer programme, initiated in 2005 under Toledo's administration, represents an important anti-poverty action within the *Creceer* strategy. Priority actions to be carried out by health services were outlined under the PAN Nutrition Program, initiating in 2008, focusing on amplifying the development and growth monitoring system for all children under five years of age, and including nutrition advice as well as weighing and measuring.

According to national statistics, after this phase of increased attention, malnutrition fell to 18 percent at national level in 2012 (INEI 2013). However, rates in the rural population remained high, affecting almost 32 percent of children under five, compared to 10.5 in urban areas (INEI 2013). According to one survey of data available in 2007, Peru had the greatest rural-urban disparity in stunting (chronic malnutrition) rates among the 47 developing countries studied (Van de Poel et al. 2007). As well as this continued concern with chronic malnutrition in rural zones, the CMI and MINSA drew attention to the issue of iron deficiency anaemia, usually measured as hemoglobin concentration in the blood (International Micronutrient Malnutrition Prevention and Control Program 2012), as Peru was found to rate as one of the highest in Latin America for children under five, with pregnant women also in danger, at 43 percent (WHO 2008). Government response included the initiation of a strategy of distribution of multi-micronutrient supplements, or 'sprinkles,' directed at children under three, starting in several departments (including Ayacucho), along with the distribution of iron sulphate to pregnant women, both through the public health system (Alcázar 2012) carried out with support from the World Food Program and UNICEF.

AAH began to participate in these nutrition networks both in the region and at national level, focusing on supporting MINSA's efforts to improve the public health system response in rural areas, and coordinating with other government departments in a multi-sector programme that included actions in water and sanitation, agriculture and improved local level resource management. My position in charge of the 'cultural component' had to do with ensuring the cultural acceptability of the proposed actions, as well as unearthing local practices that could be promoted to improve rural children's nutrition. I pushed for a long term ethnographic study to be carried out by a Peruvian team, in order to understand malnutrition from a local perspective. As a result of the ethnographic work coming out of the study, and my own experiences sitting in occasional working groups with provincial and regional level health system staff and NGO workers, I came to feel that participating in attempts to adapt health systems to local culture, and to use local culture to achieve nutrition goals, was overlooking a central issue – the widespread and unspoken prejudice that came through in the language used by health workers and other professionals when referring to rural Andean families. At one point, in a MINSA research planning session, I heard a regional-level public health worker make a comment to the effect that rural Andeans have a different culture and do not take care of their children. I disagreed and she laughed and interjected, 'I worked out in the provinces, and I've seen them – the kids go barefoot, while the mother is all bundled up. They give a vaccine to their dogs and not to their children!' In one province, an AAH survey⁴ found that 8 out of 10 health workers think that families care more about their animals than their children, and 6 out of 10 think families act 'according to beliefs that do not make sense.' As an NGO worker, I felt that AAH could contribute to efforts to reduce malnutrition by drawing attention to the circulation of misunderstanding and stigma facing rural people, which were undermining state and NGO attempts to increase the use and impact of health and related services. Yet beyond my NGO position, I began to think about how these problematic social relations were important because they influenced the very framing of malnutrition in the first place, questions that pushed me to initiate the process of doctoral research.

⁴ As reported to me by NGO staff from Ayacucho.

1.3. Problematising malnutrition

I moved from NGO work to PhD research because I became increasingly interested in the implications of how rural families were caught up in the fight against malnutrition, how external actors defined the problems and solutions, and what this meant for the way families were viewed. I am interested not only in the implications for social relations, but also for how the focus on malnutrition shapes, in turn, people's perception of the state, and their sense of being a part of it.

Engaging with critical medical anthropology allowed me to ask questions about malnutrition in order to see how problems I had become accustomed to accepting as medical were in fact political. My NGO position could be described as one of anthropology *in* public health, as I was facing chronic child malnutrition as an already defined problem. Anthropologists are often expected to use an anthropological approach to make health advice more culturally palatable (see for example, behaviour change models that promote breastfeeding compliance (Van Esterik 2002)). My PhD research, in contrast, is located within anthropology *of* public health, and aims to raise questions about the social relations hidden behind women's interactions with public health workers and state programmes, an attempt to re-configure the boundaries of the problem (Lambert and McKevitt 2002). As I will explain further in Chapter 2, the research can also be seen as a shift from an 'anthropology *in* development' role into a critical 'anthropology *of* development' perspective, treating malnutrition not as a stable medical fact but as an ethnographic lens onto development itself.

1.4. The Highlands within the context of the nation

Figure 1: Map indicating the region of Ayacucho



Ayacucho occupies a particular place in the national imagination as the birthplace of the revolutionary Shining Path Communist Party and as a region that suffered more than any other area in the violence between the guerrillas and the army in the 1980s and 1990s. The Truth and Reconciliation Commission established in 2001 states that at least 69,000 people died during those two decades, whether at the hands of the guerrillas or the Peruvian Army (Gavilán Sánchez 2012:29). Seventy-five percent of the dead or disappeared spoke Quechua or other native languages (Comisión de la Entrega de la CVR 2008). In some cases, Ayacuchan youth of the local Quechua-speaking landowning elite (referred to as *gamonales*) were attracted to the radical political project of Shining Path, their new expectations from increased access to education frustrated in the stifling marginal conditions of the Highlands (Poole and Renique 1991). Villagers in the Andes were often caught between two sides, the violence of Shining Path in the face

of any kind of opposition, and later the aggressive backlash of the military (Gavilán Sánchez 2012). Massacres of villagers were perpetrated by both sides. In the area where my research took place, civil self-defense committees were formed, as farmers allied themselves with the military (see Degregori et al. 1996) turning the tide of the war which came to an end with the government's capture of Shining Path leader Guzman in 1992.

The decades of violence left a long-term impact on health and social relations (Theidon 2004, Degregori 1990, Leatherman and Thomas 2009) and huge drops in agricultural production (only 39 percent of arable land was cultivated in the department in 1985 as compared to 1981 (Del Pino et al. 2012:40)). The severe disruptions of lifestyle, with families forced to flee and live in caves with their children and to subsist on gathered food, and the loss of animal stocks, significantly altered expectations of what it means to live and eat well. Local populations cite the civil war to explain the reduction in consumption of animal protein: not only due to loss of herds, but the destruction of community organisation, loss of trade routes, changes in land use patterns and introduction of new animal diseases in post-war recovery programmes. 'Our grandparents would be ashamed to see us now,' say this generation of parents, referring to the lack of meat they serve at meals (Del Pino et al. 2012).

Related to the war as well as to the vulnerable environmental conditions and market integration, the topic of food scarcity and dietary change is a common one in the Andes. It is increasingly common for men to migrate temporarily to the jungle to work mainly harvesting coca leaves, which can contribute to the undermining of farming systems as they spend less time tending to their own land in the Highlands. Pasta and rice has been added to the local diet as a result of increased road access. Farmers speak of the growing unpredictability of the climate, saying that they cannot read the seasonal signs in order to plant, and are suffering longer scarcity gaps (Del Pino et al. 2012). The lack of rain is families' main concern, as reduced yields make the seasonal 'hunger gap' even longer, and scarce pasture means less meat on their animals.

Socio-economic inequality in the country lies along a division between the Highlands, characterised by subsistence farming, and the more developed coastal regions of Peru, also expressed as urban-rural difference. Peru's rapid and sustained economic growth has substantially reduced poverty and increased employment. The number of Peruvians

living in poverty fell from 54.3 percent in 2001 to 25.8 percent in 2012 (Taft Morales 2013:24). However, because of the high level of inequity in the country, there is still an extreme urban-rural divide: figures for 2012 show that over half of the rural population live in poverty, compared to 16.1 percent of the urban population (Taft Morales 2013:25).

Inequality can also be captured as running along ethnic lines: 46 percent of children speaking Quechua as a first language live in extreme poverty, compared with 12 percent of those with Spanish as a first language (Benavides et al. 2010). Only 32 percent of children under 5 with Quechua as a first language have access to potable water while the figure is 66 percent for children with Spanish as a first language. There are fewer health centres and doctors in regions with higher indigenous populations, and higher maternal and infant deaths in rural areas (Benavides et al. 2010).

Using language and ethnicity as a marker of difference in Peru is not without complications. Population estimates can vary widely. Some studies estimate the indigenous population at two thirds, making Peru comparable with Bolivia, while other studies give Peru at most 50 percent indigenous population (Barron 2006:11). When ethnicity is included as a factor, mother tongue is often used as an indicator for ethnic group. However, this is not necessarily reliable: 79 percent of the individuals in the quintile identified by other factors as ‘most indigenous’ in an extensive 2004 survey in urban areas report Spanish as their mother tongue (Barron 2006:9). At the same time, Quechua speakers rarely refer to themselves as indigenous (Hill 2013). ‘Indigenous’ is not a category that has resonance for self-identification, nor does the category ‘Quechua’ have sense as a people; it is a language. If we look at language, according to a 1993 government language census, while 16 percent of Peruvians claim Quechua as their mother tongue, as compared to 80.3 percent as Spanish, while for the region of Ayacucho Quechua climbs to 71 percent (INEI 1994). The way these issues of race, identity and inequality are addressed in the literature will be discussed further in Chapter 2.

1.5. Political situation in brief

Peru's rural organisations did not assume an indigenous focus, unlike other Latin American countries (Yashar 1998). Under the colonial system, indigenous people were

considered subjects of the crown, but with a subordinate status, and this hierarchy carried over after Independence, where they did not exercise full citizenship rights (Drinot 2006). A long process of construction of negative images of the 'Indian' and those from the Highlands helped to justify their lack of space for participating in political life in the new republic. The constitution of 1896 had not given the vote to illiterate people (Ames 2011), and this regulation did not change until 1980 (Drinot 2006:18). This effectively placed indigenous language speakers, illiterate in Spanish, as lower class citizens. Low political mobilisation from the indigenous population in the current day has been explained by this exclusion (Pribble 2011:209), as well as in reference to Shining Path history. The fear of being considered terrorists left civil society weakened, so that social organisations focus on basic needs but are not politicised (Vergara 2011:85). During Velasco's military rule (1968-1975) the term *Indio* (Indian) was officially replaced with *campesino* (peasant, or farmer), apparently to avoid the derogatory connotations of *Indio*, so that for many, identifying as peasants became the most productive way to interact with the state (Yashar 2015), to make use of the legal channels available to contest land rights in the name of specific place-based 'peasant communities' (Yashar 1998). Velasco's military government's attempts at land reform were ill-fated, thwarted by a weak state and the underlying discrimination shown towards the rural indigenous population (Paredes and Thorp 2015).

After a period of military rule, democracy was returned to Peru in 1980 and for the first time, the political system was open to universal suffrage (Paredes 2008:7). However, Belaunde's government, and then Garcia's, suffered the start of the sociopolitical violence, mentioned above, and by 1987 Garcia also faced an escalating economic crisis, with hyperinflation reaching 2,000 percent per year (Paredes 2008:7). Fujimori won the 1990 elections, and extended military power to undermine the Shining Path insurgents (who had engaged in an armed uprising from 1980 onwards) managing to bring an end to Peru's internal conflict. Fujimori also initiated drastic market reforms in response to the country's severe economic crisis, with a classic programme of neoliberal orthodoxy in accordance with the so-called Washington Consensus (Dargent 2014, Arce 2006:28). The severe adjustment was followed by land and labour market liberalisation, and privatisations were accelerated (Thorp and Zevallos 2002:4). In early 1992, Fujimori staged a self-administered coup enabling him to implement further market reforms via presidential decrees (Arce 2006). In the Highlands people actually

associate Fujimori's period with arrival of the state (Segura-Ubiergo 2007). He increased social spending in health, education and social security, restoring infrastructure damaged or closed during the long period of conflict, and expanded services into rural areas. He personally presided over the opening of 73 schools in one and a half years (Segura-Ubiergo 2007:252). His social expenditures did not necessarily respond to actual social needs but rather to political imperatives to gain electoral support. For example, the construction of new schools did not target regions with the lowest literacy levels (Segura-Ubiergo 2007:255). In 2000, in the midst of a corruption scandal, Fujimori fled to Japan, precipitating the collapse of the authoritarian regime and giving way to a transition to democracy (Vergara 2011:75). His legacy includes human rights violations during the war and his controversial family planning policy, in which at least 250,000 women, mostly poor and from remote regions, underwent sterilisation without a proper consent process (Miranda and Yamin 2004). The forced sterilisation issue is at the forefront of current (April 2016) protests against Fujimori's daughter Keiko who is the frontrunner for the April 2016 elections.⁵

Toledo's government (2001-2006), and later that of Garcia's second administration (2006-2011), 'deepened the neoliberal system entrenched during the period of authoritarian regression under Fujimori' (Burron 2011:1655). In 2011, Peru's economy grew by 6.9 percent, mostly due to the export of natural resources such as copper, gold, silver, zinc, lead, iron ore and others (Taft-Morales 2013), with mining representing half of all foreign currency generation in the economy (Bebbington 2008:275). Garcia's period is also associated with major road projects, huge port modernisations, massive irrigation schemes, large-scale exploitation of natural resources, and inflows of foreign direct investment (Drinot 2011:185). But the period of growth was not unproblematic, troubled as it was by violent conflict with local communities, predominantly over mining. Economic growth reinforced the emerging elite consensus around orthodox free-market policies (Levitsky 2011). Even President Humala (2011 onwards), appearing as a strong critic of the neoliberal economic model (Dargent 2014), and initially portrayed as a disciple of Chavez, in the end adopted a platform that was decidedly centrist (Levitsky 2011) to appease elite class interests.

⁵<http://www.theguardian.com/global-development/video/2016/apr/08/peru-election-forced-sterilisation-lima-protest-keiko-fujimori> Last accessed April 10, 2016.

1.6. Public Services

As I mentioned in the introductory paragraphs, women's interaction with the public health service forms an important part of my research. Public health and nutrition activities in Peru date back to the early 1900s, when alarm at extremely high rates of child deaths propelled actions on vaccinations, nutrition and hygiene. These first health campaigns were oriented towards the poor, and the Highlanders, seen as vehicles for plagues (Ewig 2010). Early rural public health work has been documented as abusive, in that health workers posted to rural areas demanded gifts of animals or corn, borrowed (and even lost) horses at will, and denigrated practices as being '*Indio*' (Paponnet-Cantat 1995). Since illiterate populations could not vote, many indigenous language speakers were not considered full citizens, so there was little political impetus to improve the public health system in rural Quechua-speaking areas (Pribble 2011). Within the Fujimori government's 'Program of Basic Health for All' numbers of health workers in the region almost doubled (Del Pino et al. 2012). Since then there has been impressive improvement in reducing maternal mortality from 185 for every 100,000 live births in 2000, down to 93 in 2010.⁶ A sharp reduction in infant mortality has been achieved (falling from 81 per 1000 live births in 1981 to 13 in the 2000s), according to World Bank estimates.⁷ Basic health coverage (SIS) for low income people, financed through taxes, was installed with Toledo's government in 2001 (Reyes 2007:145) and was made universal in 2009. The public system co-exists with another national health system, the considerably better equipped EsSalud, financed by salary retention and used by public employees and other contracted workers. This has been critiqued as creating a divided and unequal system (Ewig 2010). Although the health sector has improved since the nineties, there are still significant deficiencies, according to an Inter-American Development Bank (IDB) report, due in part to a very low budget allocated to health (1.6 percent of GDP) (Baca Campodónico et al. 2014).

In the public health system establishments range from hospitals (in cities or large towns), to centres, and posts, which sometimes only have one nurse and limited opening hours. Posts and centres are organised geographically into micro-networks and

⁶ <http://www.minsa.gob.pe/portada/Especiales/2014/maternidadsaludable/avances.html> Last accessed December 23, 2015.

⁷ <http://data.worldbank.org/indicator/SP.DYN.IMRT.IN> Last accessed December 23, 2015.

networks, which fit under larger regional headquarters, which receive mandates from the Ministry of Health. A referral system works between these levels to send most severe cases or problems requiring specialists from the smallest health stations (in remote areas), to the centres or public hospitals in the city, or even to the capital. For example, births cannot take place in all posts, but are referred to centres, and complicated births are sent from the centre to the provincial public hospital. Centres usually have an ambulance for emergencies. Under the referral system patients who need treatments must first visit their local post and from there they will be sent to the corresponding service, if need be. The local health centre director explained that sometimes people skip this step and go straight to the urban hospital, where they may be denied treatment, leading to complaints and misunderstandings.

Public health takes place under the 'Model for integrated health attention' (MAIS) first established for the 2002 to 2012 period, which coordinates services within the health networks with packages of services designed according to age groups (Reyes 2007:90). This family-centred and community-centred approach aims to prioritise integrated health attention for women and children, emphasising actions of health promotion and illness prevention and lists the reduction of malnutrition and mother and infant mortality as strategic objectives for the 2012 to 2016 period (MINSA 2013). The director of the health centre in the district capital pertaining to my research area (which I will call Raiminas) explained that the biggest proportion of work at the health centre consists of individual attention in scheduled appointments, in which infants and children receive nutrition and physical development evaluations, administration of supplements and vaccines when scheduled, early childhood development stimulation sessions, and nutrition advice for parents. Children's nutritional status is recorded in a chart for parents to take home, and also filed at the post. These appointments are often referred to by villagers as 'controls.' Visits to the dentist and psychologist are added in at specific ages. Another part of the work at the centre consists of treating individuals who arrive with health complaints. National policy focuses on prevention and promotion, although special attention is still paid to detecting and treating respiratory and gastrointestinal illness in children (MINSA 2013), which are the most common illnesses. The director explained that a significant percentage of health worker time is supposed to be dedicated to what they refer to as 'prevention' - outreach services (education in nutrition, hygiene, sex education, immunisation and anti-parasite campaigns) through

schools or village visits and home visits. Under the new model, each health worker is responsible for a specific geographical area. A regional-level official told me that outreach activities should correspond to 60 percent of their time. However, the director said that he himself often only manages to use two days a month for village visits. Limited time, long distances and lack of transportation (he mentioned that the vehicle often needed repair and funds for gasoline were low) made village visits difficult. Some staff complained of overly bureaucratic systems which generated excessive paperwork. The director explained that the staff is overburdened, a comment echoed by the Municipal authorities. The district, with a population of just over 5,500, has 11 regular medical staff members (only one of whom is a doctor). In general, human resources in public health in Peru are characterised on an international scale as ‘low availability,’ which is exacerbated in rural areas as most staff work in city hospitals, not in rural centres (MINSA 2011).

When referring to the local public health centre, I use the word ‘post’ (*posta de salud*) as it is called by villagers. The post is located in the district capital, a one-hour walk on a footpath up the hill. It is run under the CLAS (Local Community Health Administration) model, which basically means that the local population form part of the board of directors and make management decisions. According to the health centre director, 33 percent of public health centres in Peru are CLAS, but the CLAS model is not working with the autonomy with which it was initially conceived. Because of some cases of management problems, government funding is not being transferred directly to CLAS centres. He is frustrated by the channels of communication that make funding decisions extremely slow, preventing the centre staff from planning their work properly. When CLAS meetings are held, word is spread to all villages so that representatives can be sent. Additionally, each village selects a community health volunteer to receive basic training, relay messages from the centre to the village and offer basic health advice to villagers. This role is currently very weak – sometimes there is a resurgence of activity if non-government organisations active in public health support the figure.

As I said above, in the mid-2000s, the political climate shifted to put malnutrition not just at the top of the MINSA agenda, but as an overall development concern. Toledo’s administration had already set up the *Juntos* programme, a concerted effort to target poor mothers and increase their use of public services. Tying cash transfers to nutrition

check-ups created a mechanism for the health system to gain better access to vulnerable families. Previous to the *Juntos* nutrition activities, families usually only used the centre in the case of an emergency, as well as for giving birth. (Women recall that they began to give birth in the health centre in the last 10 to 15 years, previous to which they gave birth at home, usually attended by the village midwife. In Canaguilla, women report that a charge for birth certificates for those who do not give birth at the centre was introduced, as a mechanism to move births out of the home). In 2006, as already mentioned, the Child Nutrition Initiative (CMI) was formed, and managed to get presidential candidates for the 2006 elections to sign an agreement to reduce child malnutrition levels (Eggersdorfer et al. 2013:160). The CMI was formed partly in response to international NGOs' concern about reductions in USAID funding for Peru, facilitating a move to continue the fight against malnutrition through increased cooperation, advocacy and policy work, rather than community level investment (Mejía Acosta and Haddad 2014:30).

NGOs had first appeared in the country in the 1960s, and the number steadily increased after structural adjustment programmes begun in the 1980s, fostering privatisation, and increasing opportunities for NGOs. The end of the violence associated with the Shining Path movement accelerated their presence (Young and Merschrod 2010:294). UNICEF and other international actors had played an important role in pilot experiences to reduce chronic child malnutrition and had years of experience in the country. Their coordination in the CMI opened the door to the implementation of the *Creceer* strategy in 2007, as mentioned above, representing an important political departure from the funding of food distribution to efforts to integrate MINSA with other sectors, to decentralise government action, and to coordinate efforts with other actors (Mejía Acosta 2011), and to prioritise financing nutrition actions, as seen in the 2008 Nutrition Plan (PAN) (MEF 2012).

In 2011, Humala, newly elected, created the Ministry of Development and Social Inclusion (MIDIS) to address the historical process of social exclusion and inequality that continues to face the country, despite economic growth (MIDIS 2013). *Creceer* was put under the umbrella of MIDIS, as was *Juntos*, plus the previous *Wawa Wasi* ('baby house' in Quechua) daycare programme re-named as *Cuna Mas*. *Cuna Mas* was also expanded to include a new programme of home visits, aimed at poor and extremely

poor parents in rural areas with children from zero to three years of age, and pregnant women, to promote early childhood development through guided play and parent's interaction with their children. MIDIS also took over the school food programme, renamed as *Qali Warma* and extended to include a greater variety of foods, and FONCODES, the rural investment programme initiated under Fujimori. There is also a new pension programme and scholarships for further education. The new administration has signaled an interest in putting poverty reduction and social issues at the forefront, and includes an emphasis on creating opportunities for the next generations (MIDIS 2013). According to a loan document prepared for the IDB by MIDIS, the people targeted for inclusion (relating to factors including rural location, ethnic origin, level of education, poverty) totals 4.78 million people, or approximately 16 percent of the country's population (IDB 2012). MIDIS defines 'social inclusion' as the 'situation in which all people can exercise their rights, take advantage of their abilities and make use of the opportunities available' (MIDIS 2013:11, my translation). MIDIS aims to improve the quality of public spending with 'results-based management', a framework progressively adopted since 2007, a key reform that includes results-based budgeting under the Ministry of Finance (MEF) that ties resource allocation to measurable products and results, includes monitoring based on performance, independent evaluations, and management incentives (MEF 2014:25). Specific government segments of social spending (such as PAN, mentioned above) and the *Cuna Mas* family accompaniment programme are managed this way.

As mentioned earlier, the *Juntos* programme cash transfers are conditional on school attendance as well as health centre nutrition appointments. However, this did not represent such a change for rural families' behaviour, as education was already becoming a priority for them. Partly because illiterate people had been denied the vote, education came to be seen as the route to a better status. It has been suggested that from the 1920s onwards the idea of education began to raise rural people's expectations, viewed as the route to progress and modernisation (Degregori 1986). The state undertook a new philosophy of civilisation and assimilation through education in the Highlands in early 1900s, but any improvement in access to education was undermined by low state capacity and entrenched ruling-class interests (Paredes and Thorp 2015:6). The increase in spending on education took the share of the national budget from 1 percent in 1900 to about 15 percent by the 1950s, but little improved (Paredes and

Thorp 2015). While rural people had pushed for the creation of schools in their communities beginning in the late 19th century, their efforts only gained political attention during the 1980s after voting rights were extended (Pribble 2011). As mentioned above, the school infrastructure was expanded during Fujimori's rule, however investment in education in Peru as a percentage of GDP is much less than in neighbouring Chile, Ecuador or Bolivia.⁸ In any case, according to UNICEF figures, primary school rates are high – 94 percent of primary school-age children attend an institution at this level,⁹ and the current generation represents a considerable change, as not just boys but also girls are expected by their families to at the very least enter high school, whereas many of their mothers did not even finish primary school, and describe having to stay at home to herd animals. Educational expectations and improved access to health care have also meant that fertility has reduced dramatically, to 2.5 children per woman in 2014 (INEI 2015) for the region of Ayacucho, as compared to national estimates of 7.0 in the 1970s (INEI 2009). Families in rural areas now aim to have fewer children in order to be able to afford their education, as farming is not seen as a viable future for their children. Public education is officially free in Peru, and so state officials assume it to be accessible for the poor. Yet subsistence farmers indicate it is their biggest expense of the year, as the cost of school supplies, backpacks and shoes, plus uniforms for secondary school students, represents a significant sum. This expense is roughly equivalent to selling at least one small animal for each child at school (as observed by AAH staff), in this sense having a nutritional cost for the family. It is more expensive for families in the most isolated villages, as at 12 years of age children may have to go live in town during the week, to attend secondary school, and pay for room, board and travel.

Education is viewed by most Peruvians as essential for social mobility; however, the irony is that the school system is one of the places where inequality and social marginalisation are fiercely reproduced. Teachers have told of children of 10 or 12 years of age from rural villages who come to live alone in town, carrying cheese and a pot of potatoes to eat for a week, appearing disorganised and dirty, who in their interaction with fellow students painfully realise what it means to be '*Indio*' (Thorp and Paredes 2011). The interaction between social mobility, ethnic categories and education will be

⁸ <http://data.worldbank.org/indicator/SE.XPD.TOTL.GD.ZS> Last accessed February 2, 2015.

⁹ http://www.unicef.org/peru/spanish/children_25280.htm Last accessed April 6, 2016.

discussed in more detail further on. It should be mentioned, however, that the Peruvian education system shows evidence of severe inequalities, which affect indigenous children negatively, especially in rural areas, as these children fare worse in terms of entrance to and progression through the system, the material conditions in which they study, and the results of their learning as measured by standardised tests and as reflected in promotion rates (Ames 2012). Oliart's (2011) research in the education system in the poorest regions describes the production of a specific education for the poor, which is not just to do with lack of infrastructure and underfunding, but also weakness in teacher training, and pessimism regarding the potential of students in poor areas. She describes the lackluster way education takes place for the poor as a strategy to resolve open contradiction between education's promise of democratisation, and the reproduction of hierarchical race-based social relations (2011:313). Recent data shows that the gap in the number of young people completing school in urban versus rural areas has been reduced, although it has not disappeared completely. For example, 35 percent of young people from the richest 20 percent of households had started university compared with only 3 percent of young people from the poorest households (Young Lives 2015a).

Most villages have primary schools within walking distance (although in some cases it may be over one hour's walk). Official pre-schools (called 'Iniciales') with trained staff and state infrastructure are not usually funded in rural areas. Instead, an alternative structure referred to as PRONOEI, meaning 'non-scholarised initial education', requiring less budget than the formal pre-schools and relying on high school graduates (with a short training course), is present in many larger villages. Some villages also have a state service for zero to three year olds, known as *Wawa Wasi* (officially re-named as *Cuna Mas* in 2012, as I mentioned above). This is a community-based daycare programme for young children, in which a woman from the village (having received basic training) looks after up to eight children during weekdays, with meals provided by the state.

Government workers

Although women in the rural Andes have come to recognise the value of the health centres as maternal and infant mortality has fallen (Del Pino et al. 2012), it has been reported that people using rural clinics feel they are treated badly, and sometimes doubt

whether health care at a public clinic can actually resolve their health issues (Miranda and Yamin 2008).

Various factors contribute to the tensions that characterise some of the interactions between rural parents and state workers. On the one hand, nurses tend to see illness such as diarrhea as the fault of mothers, criticise their ignorance and dirtiness, and not recognise their difficulty in obtaining water, for example, and overcoming vulnerable conditions (Reyes 2007:161). Several health workers expressed that they are frustrated that despite their constant efforts, malnutrition is still a threat, assuming that either mothers do not understand the importance of the issue, or do not care. As we will see further on, these types of assumptions are sometimes based on health workers' misunderstandings of rural mothers' actions. For example, some mothers may first try to treat illness at home, then go to the *curandero* (as biomedicine is deemed dangerous for a certain type of illness) and only later go to the post, when the child has already been ill for a while, to the incomprehension of doctors, who interpret this delay to visit the health centre as a lack of interest in children's health (Del Pino et al. 2012). In fact, authors have found that rural indigenous families did not cite lack of interest or rejection on cultural grounds as key reasons for resistance to the use of public health services, but fear of discriminatory attitudes they will encounter (Diez Canseco et al. 2003, Yon 2006). One study shows that health workers of rural origin sometimes experience a kind of identity crisis, anxious to distance themselves from their own background and adhere to medical learning. They may shy away from speaking Quechua to rural patients or showing comprehension of their health practices (Diez Canseco et al. 2003). Health workers told me they learn this type of hierarchy at university. In Raiminas, most of the staff I met at the health centre had an urban background, and several could speak Quechua. Demonstrations of patience and tone of voice (ranging from obvious irritation to kindness) in attending patients were indeed very varied (I do not attempt to link this to health workers' rural versus urban background).

Public health priorities have to do with health promotion, or educating rural people on healthy behaviour. The appearance of state services in rural areas is tied to national aims for order and progress, as understood by state workers. As the school director in Canaguilla remembered, when she arrived as a teacher almost a decade earlier, 'women would be sitting there, without combing their hair, sitting and breastfeeding, chewing

coca, not doing anything. They didn't care about cleaning their houses. Now little by little it is getting more orderly.' Desire to make change in rural lives can lead to different modes of work. Flora, for example, a Quechua-speaking health worker with years of experience, from the city of Ayacucho, famous in the village for her bad temper, told me that she resorted to instilling fear as a motivational tactic. She remembered,

We worked with force (*fuerza*) to educate mothers... we showed them the numbers of malnourished children. We said that they wouldn't make it to university, they will be labourers. We did what we could to sensitise the parents. The work is arduous... I tell them their malnourished babies are screwed for life.... We use strong terms to make the women worry.

Some health workers have shown disapproval of this type of treatment, and use a kindlier approach, chastising people, but in a nice voice (such as Hilda, a nurse who recently arrived from the city, and Jorge, the well-respected health worker recently promoted to director of the centre).

The difficult working and living conditions, the stress and the lack of support and materials for public health workers arriving to remote communities as programmes expanded in the 1990s, have to be recognised (Reyes 2007). State workers posted to rural areas would often prefer to be with their families in the city. (Whether health workers are originally from the city or spent their childhoods in a rural setting, once they have moved to the city to study, and have become qualified professionals, they often aim to stay and establish their own families there). As a local nurse explained to me, public health workers in rural areas continue to feel undervalued, due to lack of training opportunities, difficult living conditions, high work load, and in many cases, short term contracts. Several explained that promotion depended in part on demonstrating that they were indeed meeting their job requirements, by carrying out, for example, a certain numbers of home visits, or gynecological exams, each month. Fujimori's expansion of health services in rural areas was staffed through short term contracts to circumvent the job stability and benefits enjoyed by civil servants (Webb 2006). From 2000 onwards public health staff have pressed for proper contracts, and much has improved, however many positions are still temporary (Webb 2006).

Government workers often appear to be concerned with ensuring their paperwork reflects the work that they have carried out. When I first met Dora, the *Cuna Mas*

official from Ayacucho, who visited Canaguilla at least once a month to help the village-level *Cuna Mas* facilitator to organise the program of home visits, she was very concerned with increasing the number of participating mothers, and to have their signatures clearly recorded in her paperwork. I later learned that all people attending *Cuna Mas* visits and sessions were tallied in a data system, that the central office complained if this data was late or unclear (Programa Nacional Cuna Mas 2015), and a senior policy advisor told me the ‘focus on numbers’ had to do with the MEF results-based management approach.

1.7. Village life

I first visited Canaguilla in February of 2012, as an NGO staff person, to help my Ayacuchan colleague initiate a pilot project on identifying local food traditions related to iron-rich diets. I was familiar with many landscapes in rural Ayacucho, and Canaguilla felt different, in that despite being tiny (just over 40 families) and very unconnected in terms of infrastructure (the road was almost impossible to navigate without a high four-wheel drive), it was only a 15-minute walk down a path to the highway to catch a bus either to the provincial capital or, in the opposite direction, the regional capital, Ayacucho. I found that this access to the city meant that women, despite their agricultural lifestyle, were more adept at managing urban challenges – some visited health clinics in the city, a few had experience selling food in the market, and several families had rented or purchased homes on the outskirts of the city so that their older children could study there. Their ease in the city was different from women who lived further up in the Highlands, a day’s travel from the capital city, though of course they still inhabited very different spaces there than urban professionals.

The village was very green at the time of my first visit, houses hidden behind tall fields of corn. Visitors to the village in the months of February onwards, before the dry and windy conditions in July or the rain and mud of November, would notice a lush landscape, under brilliant blue skies, pathways flanked by eucalyptus, wild peach trees and small bushes of *muelle* with yellow flowers. The highway winds through the valley below, with cultivated hills rising on the other side, and sharp mountains form the backdrop up behind Canaguilla - peaks that I only once saw covered in snow. A small stream runs through the village, as does an irrigation channel, but both of these are a mere trickle in the dry season, when fields are bare and dust storms are frequent.

Unlike many Andean villages, Canaguilla had not been resettled into a central square after the war in Fujimori's administration, which meant that the houses were spread few and far between, over a hillside, along a path leading up towards the district capital (a small town), a 1 hour walk away. It has a pastoral look, with corners of tree cover and a less harsh and rugged landscape than similar sized villages higher up in altitude in the same region, but is still considered Highlands, in location and lifestyle, compared to the jungle region, only a few hours' drive away.

Canaguilla is located at about 3,000 metres above sea level. The main crops are corn (for sale and home consumption), quinoa (for sale), grains, beans and potatoes (mostly for home use - tubers are mainly produced at higher altitude). Families grow some squash, peas and greens for home consumption, and alfalfa for animals. There is one main harvest a year, though with irrigation systems two would be possible. Families harvest prickly pear and *tara* (red seed pods used for industrial purposes) to sell. Most families have a few animals, ranging from guinea pigs and chickens (mainly for home consumption) to pigs, sheep and cows, though herd sizes are very small (several animals). Raising bulls is a common business enterprise – either to hire out for ploughing or to fatten for sale.

Canaguilla is also unusual because although it is very small, it has a functioning primary school. The school is located right in the centre of the village, with about 50 students from grades one to six¹⁰ (half of whom are from the neighbouring village). There are three teachers, one of whom is also the school director. While I was there, a pre-school (called PRONOEI) for 11 children aged three to six opened, in a rustic room with plastic windows and dirt floors and walls, in the partially finished new community hall. There is a daycare (for children three and under), referred to by villagers as *Wawa Wasi*, in the nearby village, Corugata (a ten minute walk away), where several mothers send their children. Secondary school children either walk one hour up to the district capital, or 20 minutes down the hill to a larger village on the highway. A few parents send their high school aged children to live in the regional capital. All children attend school. Only a few of the mothers have finished high school and many of the older women barely have any primary education. Most men did finish at least primary school. In recent years the majority of teenagers manage to complete their secondary school

¹⁰ The first six years of primary school.

education. Education is carried out in Spanish. All villagers speak Quechua as a mother tongue, though I noticed that many parents address their children in Spanish. Older women struggle with Spanish, though all men and most women in their thirties and younger are bilingual.

There is a health centre in nearby Corugata, which people can use for emergencies, though Canaguilla residents are supposed to use the district health centre in Raiminas for regular healthcare services (as I mentioned in the previous section). After a few months of living in the village I heard of the elderly *curandera* and midwife who no longer attends births, due to government efforts to transfer maternity care to the health centre, but she is still willing to carry out traditional cures. In terms of health-seeking behaviour in general, villagers make use of a variety of different traditions from *curanderos*, to home remedies, to Evangelical prayers, to medical doctors. Adults do not make much use of the public health system for their ailments. Common health complaints are dealt with at home (respiratory problems or stomach illness) using traditional food and herb based remedies, or if they do not improve, people may visit the health centre or purchase medicine directly from the pharmacy. However, when conditions become serious, adults do not visit the health centre. For example, a throat infection was cured through an expensive *pagapu* (offering) ceremony with a *curandero*, chronic elbow pain in a city in the clinic, and an operation at a private clinic in Lima. Women do attend appointments for their pregnancy checkups and some also use birth control methods from the health centre, and they regularly take their children to the health centre because of the nutrition checkups they are required to attend, as mentioned above. The most common illness for children is *susto*, or soul loss, which can have symptoms of diarrhea, restlessness and fever, and many women treat this at home. For most common ailments children are at first treated at home (respiratory and stomach problems) but if fevers or coughs become alarming they are rushed to the health centre. If biomedical treatments do not work, it is usually considered to be a life-threatening illness caused by the *patron*, or a spirit of the land, who can ‘grab’ people’s (usually children’s) souls if they fall asleep on the ground or pass through bushy corners of land where the *patron* is known to reside. In these cases, pharmaceutical cures are seen to be dangerous as they can further incense the *patron*, and the illness must be cured by the village *curandera*. Treatment may require the passing of a guinea pig over

the body, amongst other practices, although none of those cases occurred during my year in the village.

Regular community assemblies are held in an open communal pasture, in front of a half-finished adobe community hall, presided over by the village-elected *teniente* (translated as lieutenant) who acts as a village president (*teniente* is the official name given to the village authority as Canaguilla is legally an annex of the district capital, not an actual separate community). There is a village-elected Water Association Board of Directors to manage water access to houses, for which villagers pay a small monthly fee. Community property (a desk, several chairs, some agricultural tools, the water records and a megaphone to announce meetings) is housed in a small adobe hut pertaining to the Water Association. Aside from community assemblies and those of water users (attended by both women and men, though only one member per family is required to assist), there are monthly *Juntos* meetings (only women attend) and a network of irrigation users that manage the few irrigation channels. The school is also a common meeting site. There is a village-level school board which along with the director calls for meetings and work days. Each of the three classes also has a parent's board, and at least a few meetings a year. The new pre-school has a parent's board which meets every few months, to coordinate events or to maintain the very rustic building. Most other calls to meet have to do with coordination with external, usually state, actors, including the *Cuna Mas* programme, nutrition demonstrations from visiting health centre staff, the *Qali Warma* school lunch programme, or municipal programmes (agricultural workshops or vet services, for example). Taking into account that all these organisations have various positions to be filled, such as president, treasurer and secretary (as well as several others that I almost never saw meet, but do exist in terms of representation, such as the health volunteer and the community defense board), many people in the village assume an authority position for at least a year or two. The government *Vaso de Leche* programme is also present, under which mothers receive basic foodstuffs, such as oil and milk. Women take turns collecting the supplies in the district capital and distributing them in the village. (Unlike *Juntos* and *Cuna Mas*, this programme did not require much time commitment from mothers and aside from the odd mention, was rarely a subject of discussion. Because it did not have the same implications for the mothers involved, it did not gain much significance for my research). Also, most

families in Canaguilla received a cow, during the previous administration, as part of a government programme aimed at compensating the victims of the armed conflict.

Village work days, or *faena*, a hallmark of traditional Andean organisation, in which all families must send a community member to participate in jobs agreed upon in the community assembly, such as constructing a village hall, have all but disappeared. I attended one historically important work day for cleaning water channels, which traditionally would have ended in a big party, but it was a short work event with only about 12 families represented. The only time I saw more people working together, without pay, was when summoned by the school director to maintain the infrastructure (after which there was a debate about whether only parents with children at school should have to work, or the whole community). People still do organise unpaid work exchanges, another important fixture of traditional Andean village life (referred to in Quechua as *ayni*), but between friends and family members, who take turns helping each other harvest. If they can afford to, neighbours hire each other for labour during sowing, weeding and harvesting, as did the wife of the *Teniente* to weed her quinoa field, destined for the market.

Most families have a small area of land surrounding their houses, and then other pieces further afield. Houses are all made of adobe and are either one or two stories, in which case bedrooms are on the second floor. Almost all houses have tap water nearby (installed during the 1990s by the municipal government with support from German cooperation programmes and FONCODES). Although some government efforts have been made to chlorinate the water, it is not potable. Almost all houses have outdoor latrines and electricity. Many people prefer to cook outside on open fires, if weather permits, while others cook in the kitchen on brick or clay ‘improved stoves’ with chimneys that visiting organisations have promoted over the years (to reduce smoke related illnesses, and conserve on firewood).

Families eat around the fire, either inside or outside, and sometimes use a kitchen table, but are more likely to sit on low benches or stools. Rooms are dark with small windows and black ceilings from years of smoke (previous to stove installation). Most homes have a few shelves for food and kitchen implements, and a radio and TV (though reception is of terrible quality). Women usually sit on low stools by the fire, and chop vegetables or serve food from that vantage point, and often have a bucket of water

nearby for washing plates, instead of having to go out to the tap. There is a continual battle to try and keep chickens, dogs and cats out of the cooking and eating space. An attached room, usually with a separate entrance, serves as a storage room and another as a bedroom (often on the second floor). Children do not often have their own bedroom, but do have their own beds (shared with same-sex siblings). Clothes are commonly strung over a rope stretched between walls. Drying meat may also be hanging indoors, and chicks may also be stored inside in a box to protect them from the cold. At night animals are tethered nearby. A few houses have covered patio areas, which are very useful in the rainy season.

Heavy rain falls between November and March, leaving the village and paths extremely muddy and flooding some areas. The cold season is June to August, where days are very sunny and clear and temperatures drop at night (but never below freezing). Dramatic hailstorms are common and can seriously damage crops. Families recognise however that the climate is favourable and less harsh than the higher Andean regions.

One fruit and vegetable truck manages to make its way into the village once a week. Once in a while a vendor comes through with a donkey, selling pulses, clothing, soap, and other items. There is a tiny store in the village that has fizzy drinks, biscuits, oil, pasta, rice and soap, amongst other basic items. Otherwise women go shopping at the market in the provincial capital. There is no public telephone in the village, but almost all houses have at least one cellular phone, though they often have no credit to make calls. One family has a truck and one a motorcycle.

Migration for work is an influential factor in how family life is organised in Canaguilla, though much less so than some villages I have visited in the same province. Migration is almost always in the direction of the jungle, as many people own land there, and travel there for the harvest. Others go whenever they can get temporary work, most often in coca production (coca production is not illegal in Peru, as coca leaves are grown for national consumption, but processing it is illegal). Some families chose not to migrate and rent out their land in the jungle. Often just the father and elder sons (when on school vacations) migrate. Several women also travel frequently, leaving their small children temporarily with older sisters or with their grandparents.

Very few villagers have regular salaried income, however during the course of my fieldwork an opportunity opened up in Corugata, funded by the municipality, to pave the streets and create a central square, though it was physically difficult, low wage work. During that time, between 8 and 12 women and men from Canaguilla took part in the construction project. Three women work part-time in the village (a school cook, the pre-school teacher, and the *Cuna Mas* facilitator). Primary school teachers are from Ayacucho, and return home every afternoon. A few men with further education have (or have had) jobs in the district capital, as teachers, agricultural advisors for the municipality or with non-governmental organisations. Several men have invested in power saws and work seasonally buying areas of eucalyptus and cutting them into planks to sell. Some couples buy and sell crops, arranging for transport and paying workers to harvest. Some women dedicate almost all their time to pasturing cows and bulls. A few women raise or buy pigs and butcher them to sell the meat, and several others work as small-scale intermediaries, buying and selling *tara* or corn.

People rarely spoke about the war other than making a brief reference to it as a marker of change, such as ‘before the violence,’ to refer to a time when there were larger herds of animals. It was sometimes referred to as the period in which the village was most organised, united against the threat, as they had very strict rules regulating meetings and village patrols, for security. The village was aligned with the army and was not a site of direct danger from the Shining Path due to nearby military posts; however I did hear rumours of several villagers who had some contact with members of the guerrillas. Some families arrived to settle in the village, fleeing from more dangerous areas higher up in the mountains. Several men told me that they were active patrolling nearby peaks in civil defense teams. Elderly women report hiding in the forest at night, with their children. The closest open conflict they report was on the highway, where an explosion went off, leaving one village man deaf. Others describe seeing bodies dumped in the valley at the edge of the village. Most refer to the poverty that resulted from the war, as animal stocks were depleted, and far off pasture lands were inaccessible.

Most families consist of a mother and father, with two to six children. Elderly people do not usually live with their children, rather their daughters or daughters-in-law drop cooked food off on most days. However, there are many single mothers, who do often return to live with their own parents. That a husband who worked in the city or jungle

would meet someone else and start a new family elsewhere was a commonly voiced fear. One report states that the region presents the highest rate of female-headed households in the country, and male abandonment is a major factor of family vulnerability (Vargas Valente 2010). As I overheard in a district-level meeting, one state representative said, ‘you know what they say: *Ni pan ni padres en el Perú*’ (we have no bread, nor fathers, in Peru), referring to high rates of poverty and men’s abandonment of their families. The state recently started to make it much easier for abandoned women to claim child support and to be able to use legal pressure against men who did not comply with child support payments. Women describe a good marriage as team that makes domestic decisions together. Several women were eager to demonstrate their husband’s willingness to cook, wash clothes, and parent, influenced perhaps by external messages on gender roles (such as those of the Manuela Ramos Foundation,¹¹ active in urban areas). Authors point to high rates of violence against women (Vargas Valente 2010), some figures putting it as the highest rate of intimate partner violence in South America (Boesten 2012). Domestic violence is frowned upon, though not necessarily seen as reason to separate – being a single mother is still a source of shame, although several told me they were much better off without their husbands (violent, or with alcohol abuse problems) and did not live social lives more limited than their married friends. Government policy reflects concern regarding increases in teen pregnancy (GRA 2007). Although rates of girls’ high school education have increased notably, pregnancy is one of the main reasons that girls leave school. I only saw a few cases of children living (usually temporarily) with someone other than a parent (usually grandparents), sometimes because their single mother was working elsewhere. Several women described to me how they themselves had grown up largely without their parents, left either with siblings, grandparents, or alone, to herd animals. As documented by Leinaweaver (2008) it is not seen as unusual that children are sent to live with relatives in the city, to get a better education, where they help out in the home to earn their keep. There were a few elderly people living alone in particularly vulnerable circumstances, who did not want to join their family in the city, and sons or daughters would come once in a while to check on them.

¹¹ A Peruvian organisation promoting gender equity and women’s rights, with a branch in the city of Ayacucho. <http://www.manuela.org.pe/> Last accessed April 6, 2015.

A small proportion of the families are Evangelical Christians, and the rest are Catholics. The Evangelicals either attend a village church constructed by a local family (with a sound system and all) or go to prayer sessions lead by the well-respected mother of the current *teniente* in her home, or walk up to more established Evangelical churches in the district capital. Catholic families attend mass on special occasions in Corugata or in the district capital. Villagers refer to the difference mainly in terms of participation in festivities which involve drinking and dancing, from which Evangelicals refrain. Becoming Evangelical was seen as an important turning point for several people who had been prone to alcohol abuse. While Evangelism is a recent break from the past, Catholicism merges with Andean tradition. For example, Catholics celebrate Andean agricultural rituals, such as *herantza*, or animal name days, and respect the *patron* (spirit of the land) before preparing the field, and on both occasions offerings of coca leaves and alcohol are made. Catholics are more likely to uphold Andean communal work days, which traditionally involve coca and alcohol for ritual purposes (see Allen 1988), and historically are important celebratory occasions. Several families had both Catholic and Evangelical members and the difference in practice appeared negotiable. For example, Evangelicals distance themselves from traditional healing, and say they do not believe in it, but in practical terms do in fact make use of traditional remedies if need be.

While living in the village I did not notice visits by NGOs, other than a few visits by AAH staff to ask women to attend anaemia awareness events elsewhere, and, in two cases, to accompany health workers for village level nutrition education events. Several families did refer to NGO activities that had occurred in the past, to do with agricultural diversification and home improvements (latrines, improved stoves), and some infrastructure (water channels, latrines) was marked as financed by Germany and the United States. (Also, a nearby village had a pilot project community nutrition vigilance centre funded by UNICEF).

To round off this introductory description of the village, I would like to add a brief commentary on the varied circumstances of the mothers I came to know. Initial impressions do not reveal the differences in domestic conditions from family to family, and although I do not want to oversimplify the situation, I have found it useful to make a distinction between two contrasting poles, which we could label as relatively ‘secure’

mothers versus ‘vulnerable’ mothers. My use of the word ‘secure’ could be misleading – these are subsistence farming families who live on the edge of the cash economy. However ‘secure’ women have access to productive activities and work in the hope that their children will get a post-secondary education, and describe a collaborative relationship with their partners, while ‘vulnerable’ ones suffer from various emergency conditions. In the ‘secure’ category we find women who participate in public roles, such as Vera, who volunteered as the village *Juntos* president for over five years. In her own words, ‘never having set foot in a school,’ and having suffered extreme poverty as a child, (left with her grandmother when her mother re-married), she is recognised as a local leader, and even has a small role as a representative in district level government, although she speaks almost no Spanish. She is known in the village as a hard worker (seen every day herding six bulls or 20 sheep, one of three families with more livestock in the village). She and her husband have a small shop in their house. Three of her five children are in post-secondary education.

Just across the field from Vera lives Mari, who also is always busy with animal husbandry, sometimes raising or buying pigs and selling them for meat. She has six children, and like Vera’s husband, her husband also has a power saw, and making timber is good seasonal income. Like Vera, Mari is not afraid of speaking out in public. She is the president of the board of the new village pre-school, and is very enthusiastic about getting involved in nutrition activities. Juanita, another participative-type woman, has a husband who is a carpenter, they have planted *tara* trees, and finance several children studying in the city. Neither Vera, Mari nor Juanita belong to the most well-off families in the village (several families have much more land, and the current *teniente* has a truck and woodworking equipment as well). In this ‘secure’ category we can also find several younger women who are less active in public activities yet have a higher level of education, speak Spanish very well, are used to managing in urban as well as rural environments (Belinda, Jeni and Irena). Belinda is a single mother, however she has worked as a pre-school teacher and has the support of her family, who own land in the jungle. Belinda and Jeni often migrate to the jungle to work on their land there. Irena has no land, yet she works for *Cuna Mas* and her husband is the only one with a motorcycle.

On the other end of the scale, as ‘vulnerable’, I include several women who are married, yet have significant domestic problems, and complain of a more hand-to-mouth existence. Lena, for example, has only a small parcel of borrowed land, a few pigs, no education, an invalid husband and a Down’s syndrome baby, and no extended family. Maura complains of domestic violence and lack of money for food, she only has one cow and several sheep, and wants to escape to live in the city. Gina is overcome by grief as her eldest daughter was left disabled by a traffic accident, her husband is in debt to many other villagers, her youngest daughter dropped out of school, and she struggles to put food on the table. Vulnerability is tied to having no land or house (several women I met were renting a house), but is made worse by marital conflict, as women cannot control even the small amount of resources available. Bella is in this category - her husband leaves her and three children frequently for another wife and children in the jungle, and is herself from another region (therefore having to rely on her parents-in-law to survive).

1.8. Research methods

My research was carried out using an ethnographic approach, living in the village in order to share daily experiences and form relationships with village families. The logic of this approach was to insert myself into village life, and to make use of techniques of participant observation and build up to in-depth interviews. My methodology combined attention to women’s descriptions and opinions gained in meetings and in conversation, with an emphasis on practice. What I had hoped to gain was insight into how women actually made sense of government programmes aimed at them, how they felt in reaction, and what they did about it (in contrast to state expectations). Very quickly I found that unobtrusive research techniques that focused on participating in everyday lives and engaging women in informal conversations were most fruitful. Being able to weave together women’s accounts (both of their own circumstances and their opinions on others) with the actions and reactions I observed, generated rich data.

I established a home base in Canaguilla from October 2012, where I carried out fieldwork for a year (leaving my NGO role behind, except when contacted for advice by

the Ayacuchan team).¹² I moved there with my four and six-year-old and my husband stayed in the regional capital (about an hour away) or in Lima, for work. I chose the village because despite having no through traffic, and therefore in some sense being isolated, it was also in walking distance of the district capital and the highway, meaning that villagers were in touch with state and commercial activities, making it a very interesting location to look at the transition between a lifestyle at the margins of the state, to one of increased interaction with public services and connection to urban lifestyles, commerce and markets too. In contrast to some villages higher in the mountains, Canaguilla has a primary school, walking access to a secondary school, and electricity, which meant it was not ‘hollowed out’, with only the elderly or very small children left in the village during the day. Its relative accessibility meant that social programme and education-related activities were frequently carried out at village level, and that many women could speak Spanish (having attended secondary school). Secondary locations included the nearby village of Corugata, the district health centre, and social programme and health services offices in the department capital.

From the beginning I participated in any community-level activities or meetings held, and also tried to get a sense of women’s individual work routines to join in and help out. Because my children came to live with me in the village, and attend school and pre-school, this meant I was easily accepted as a participant in education-related meetings and events. In a first phase I made records of all the families in the village and got to know the women who were more active as public figures. I selected informants as planned, with a special emphasis on mothers with young children (targeted in malnutrition programming), opinion leaders and women in leadership roles (generally as local volunteer representatives for government social programmes).

At this time, I found it useful to focus on gathering informants’ opinions on various state programmes in which they participated. This was done while helping in domestic or agricultural chores, which often allowed me to get to know their husbands as well, expanding my circle of informants to include fathers. I did not, however, explore the perceptions of the father in the same depth as that of the mother. I found it much easier to initiate relationships with female informants and we were more often in

¹² I supported the Ayacuchan staff members in their decision-making on activities which I had previously been overseeing, such as making use of findings from studies I had previously supervised, including the work on local foods rich in iron.

circumstances to share conversations. I clearly fit into the social group of mothers within the village, and I would have felt uncomfortable pushing for spaces to speak privately to fathers. I did attend all village events where men dominate, such as assemblies, work groups etc., but I usually sat with the female participants. Also, the state specifically targets mothers in social programmes and nutrition awareness events, so there were rarely male participants in those types of events. I did however build friendships with a number of men (the husbands of my closest female informants) and was able to discuss the issues with these fathers on various occasions, but I do not have the same quantity of material from male informants.

I developed a rolling system in which I quickly entered into more detailed or sensitive questions with women who I already knew best, while continually looking for opportunities to try and extend my network and approach other families, using more general introductory questions, in order to meet women who were less active in public spaces and less willing to talk to a newcomer. I quickly found that informal conversations, without visible question sheets or note-taking, were usually much more interesting than efforts to establish an interview, even with women whom I got to know well. Up until the end I found that women would be very happy to make a plan for me to visit and cook with them, or to meet in the field to share chores, and converse all the while, but would often avoid setting a date if I mentioned that I wanted to ask them specific questions. Once we began chatting I could jot notes or glance at question lists with informants I knew well, but it was best if it appeared informal.

I had close relationships with fourteen women, and knew five of their husbands fairly well, and also got to know at least twenty-five other mothers between Canaguilla and neighbouring Corugata. I also volunteered at the school and so established relationships with the teachers. I attended as many events as possible, both at village level (ranging from school maintenance work days, social programme workshops and Water Board meetings, to weeding and harvesting work days or group cooking endeavors), and by walking up to district meetings which villagers also attended. I added as informants the district health workers and social programme employees. I also sought out elderly people who were rarely seen in public events, to gain some notion of change over time, and, in contrast, teenagers from the village living in the city. Towards the end of my

research I spoke with regional level government employees, to get their opinions and share my initial findings.

I was already fluent in Spanish but only had beginning-level Quechua skills when I began this research project. Quechua is almost always spoken in village meetings (unless outsiders such as state workers were present, who almost always spoke in Spanish) and in social settings. As I mentioned above, all men can speak Spanish well, but about a third of the women have limited Spanish language skills, usually elderly women with less formal education. I met many women and men in Spanish and found it difficult to start practicing Quechua with them, as we already had a relationship established in Spanish. To some extent, my closest informants are therefore biased towards those with a good command of Spanish, however I did spend a significant amount of time with several slightly older women, such as Vera, who despite weak Spanish would tell me stories through her daughters or husband, and Fiorela, my neighbour, who I found could speak much more Spanish than she first let on. In order to get the full detail of village meetings and other group scenarios, I hired a local university student as a part-time assistant, and she also helped me develop relationships and carry out informal interviews with the village mothers who had more limited Spanish skills.

I initially proposed to look at nutrition messages and programmes and their impact on social relations, personhood and health seeking. I shifted from a particular focus on malnutrition to ask how women, targeted by the state as poor rural mothers, make sense of and engage with the programmes and services offered to them, as members of that category. I became concerned with the treatment of mothers as the recipients of state interventions and the impact it may have on their perceptions of their own parenting. Actions with what could be called ‘pure nutrition’ content were actually few and far between, however references regarding how to ‘make something’ of one’s children were pervasive, amongst village mothers and fathers as well as from external actors. I came to see the diagnosis of malnutrition as a seed from which other aspects of state-mother interaction grew, and as a starting point from which parenting became a subject of scrutiny.

1.9. My three hats

When I moved to Canaguilla to carry out fieldwork, I was already identifiable to some of the local people as an NGO person, as I had come on several previous visits in an NGO truck, introduced by an NGO colleague. In a community meeting I explained that my study was not NGO-affiliated, and I asked permission to come and live in the village as a student. I suspected that the main potential complication of being linked in people's minds with an NGO would be in terms of restricted access to sincere information, as people tailor their self-presentation to what they think external actors, such as NGO or state workers, want to hear. However, I am still not so sure that this initial tendency would have been significantly less for any outsider, whether associated with an NGO or not. In any case, some type of introductory contact has to be used to ask to enter a village, and I felt that the NGO link served to offer security and reduce confusion, as villagers could 'place' me in that context. The memories and rumours that surround the recent conflict (fomented by revolutionary talk from light-skinned outsiders, as reported in some villages), plus the concern about violent crime (armed robbery, crime related to the nearby drug corridor) mean that communities want any visitor to be well identified, not only to reduce suspicion, but, as they explained, so that they can protect the visitor and not be blamed later if anyone comes to harm in their territory. Also, foreigners who roam the countryside are quickly identified as '*pistacos*', a mythical white-skinned figure who consumes the fat of locals (see Weismantel 2001). Villagers' recollections of *pistacos* sometimes appeared as authentic fear, while other times were told in a humourous manner, but the figure is undoubtedly real to many people.

Because my Ayacuchan NGO colleague (a close friend of mine) was very highly regarded by local women, through her I was able to establish ties with several families early on. NGO workers are often perceived as friendlier than state workers. State workers never stay overnight in the village, are often rushed, and may not have vehicles, so cannot stay after dark (when villagers have more free time). NGO workers, often with trucks, can hold evening events, including refreshments. My NGO colleague also ate with families when invited. (This is significant for gaining trust. A researcher told me how villagers expressed surprise, 'he eats what we eat!' contrasting him with other external visitors). My NGO colleague also slept in the village (which was rare for NGO workers) in order to carry out her work to identify and promote local solutions to

anaemia with village mothers. Through her contacts, I was invited to live in two rooms attached to family house. It was not difficult to then take active measures to distance myself from an NGO role early on. By making it my home (and bringing my children), I was already stepping into a strange category, which I will turn to in a moment.

I distanced myself from the NGO or state type persona by never planning group discussions nor doing questionnaires, or even taking notes, especially in that initial phase. I avoided mentioning words such as ‘malnutrition’, which was linked to expected behaviours and had become a source of judgement. Though I did of course include these topics later on, I needed to concentrate at the beginning on establishing myself as a ‘mother amongst other mothers.’

Most importantly, by introducing my third hat, ‘mother’, I came to fit in that circle. Having my children with me made me much more of a real person – I could join in school meetings with other village mothers, because my child was attending. My daughter attended primary school only 50 metres from my house, and I accepted a role in the classroom parents’ organisation. I participated in the meetings to get a pre-school established because I too wanted a place to enroll my son. My son attended the pre-school, which beforehand I worked with other mothers to prepare (flattening the dirt floor, covering walls with plastic, making teaching materials, amongst other activities). I gained information because I needed to know things that might not have occurred to me if I hadn’t been in fact a ‘real’ participant mother. My children’s friendships and the novelty factor of two tiny foreigners (very rarely seen in the rural Andes) helped me introduce myself to families and became much more of a defining factor of my presence than my initial NGO affiliation. Of course this reality had its drawbacks for research. I was a woman in my own right. I had my own home, organised my own family’s food. This is different from the adoption as an elderly child sort of role oft taken by anthropologists, who can then sit around the hearth and have a sense of intimate domestic space.

In the end, I reflected more on how I negotiated my role in the field as a mother, than as affiliated with an NGO. (Only on the very last day, as I left the village, did I find myself suddenly and uncharacteristically burst out and urge a group of mothers, in a circle after a *Cuna Mas* event, to make use of the government-distributed nutrition supplements (discussed in Chapter 4), and not to worry that they would harm their children. Having

heard all of their concerns about their children's academic success, and aware of the rates of anaemia, the fact that I had not offered my opinion was weighing on me). Living in the village, my general sensation was that the transplantation of my own circumstance as a mother, my re-creation of the 'normalcy' I deemed essential for my children, left me without the encounter with the 'exotic' I had expected. Often, more than participant observer, I became a self-interested actor, with a stake in child-related village affairs. At the same time, the formation of mother-to-mother relationships reduced some of the distance implied by my status as an educated foreigner. Often, what surprised me more was the unexpected arrival of aspects of what I thought was far-off 'modern life' in moments shared with mothers in the field. One day Juanita asked me, 'Is it true, what the nurse said, that we should only eat beans three times a week? Because when I went away my husband made lentils and rice every day for the kids, they didn't want soup!' and she started flipping through photos of the meals he had sent on his phone, while she was away harvesting coca in the jungle. I felt that not only was she subtly showing off about her phone (no one, myself included, had a smart phone, as the signal in the village was sporadic anyway) but also her husband's capacity to move out of traditional gender roles. For me, many younger mothers in Canaguilla defy the image of the isolated Andean women that, based on health worker and NGO attitudes, I had imagined I would find.

Chapter 2: Relevant Literature

2.1. Critical perspectives on biomedicine

Early on in this project, I found that critical medical anthropology allowed me to raise questions about how what is presented as medical may in fact be political. Critical medical anthropology avoids accepting medical ‘truth’ at face value (Good 1994, Singer 1995, Janes and Corbett 2009) and approaches biomedicine or Western scientific medicine as a cultural system itself, subjecting it to scrutiny (Pool and Geissler 2005:76,81). A look at how medical science is rooted in a particular historical and cultural setting, how biomedicine developed on the basis of a culturally constructed epistemology which assumes Cartesian mind-body, spirit-matter, real-unreal dualisms helps us become aware that ‘our epistemology is but one among many systems of knowledge’ (Scheper-Hughes and Lock 1987:7,11). The biomedical tradition is materialist, rests on assumptions that nature is physical, and measurable, confined to individual physical bodies rather than being a social phenomenon situated in groups, or understood in stories of suffering (Pool and Geissler 2005:77). These medical definitions of problems give rise to medical solutions (Pool and Geissler 2005:77) and therefore do not require larger investigation in the roots of suffering. In a critical approach, biomedicine is seen, then, as ‘mystifying social, economic and political problems, by making them appear individual, biological and natural,’ concealed behind medical categories (Pool and Geissler 2005:84,86).

Using biomedicine to frame or comprehend life processes previously assumed to be social is often referred to as ‘medicalisation’ (Foucault 1973, Zola 1972). Foucault (1973) describes how the medical gaze came to characterise the clinical process in which a patient’s body is observed as something separate from mind or identity. Medicalisation consists of defining a problem in medical terms, using medical language, adopting a medical framework, or using a medical intervention to ‘treat’ it (Conrad 1992:211). In this way, life events such as childbirth - now expanded to include a medical gaze on prenatal lifestyles and postnatal interaction with babies - and ageing, for example, come to be defined not primarily as social, but as medical (Conrad 1992:215-216). The term describes the extension of a biomedical gaze into new areas of

life and the expansion of the power and influence of medical experts (Pool and Geissler 2005:39). Scheper-Hughes' important book *Death Without Weeping* (1992) explores the medicalisation of hunger, demonstrating how poor Brazilian women have to negotiate extreme poverty and starvation, which is politically unrecognised. She observed that tranquilisers are administered to starving people, and that people living in poverty have learned to complain of their 'nerves' rather than admit their hunger (1993:231).

In Peru, children are not at risk of starvation, yet there are interesting parallels to be drawn, regarding the medicalisation of the social problem of malnutrition and the further marginalisation of poor mothers. This approach influenced my research, as it invited me to look at how the medicalisation of aspects of everyday life (diet, and also the raising of children) shapes the exchanges between mothers and the state. In this light, the fight against malnutrition could be conceived of as a particular medical approach on poverty and food scarcity. Continuing with this perspective we can look at Lock and Nguyen's work on the 'discovery of malnutrition' (2010:163). As Lock and Nguyen describe, partly as a result of the colonial desire for able bodies and social order, observers in the colonies began to link scarcity in diets to particular diseases, which opened the door for discoveries in nutrition science (2010:165). Some aspects of nutrition science have roots in refugee camps in the 1960s, where regular use of measurements such as body mass index and upper arm circumference contributed to the international standardisation of infant growth (Lock and Nguyen 2010:168). This laid the groundwork for clinical trials to evaluate the impact of nutritional interventions on bodies, and biomedicine and the new science of nutrition came to define the humanitarian approach for saving populations. Lock and Nguyen suggest that 'dietary surveys, anthropometry, and biological markers such as albumin and hemoglobin are examples of how biology has become the standard by which hunger is to be understood and managed' (2010:170). Hunger and nutrition were redefined as clinical problems; populations could be rescued with the administration of particular nutrients, conceptually removing these issues from their roots in political or social disruption (Lock and Nguyen, 2010:168), in a sense moving attention away from larger structural causes.

Fassin's work on 'culturalism' (2001), the use of cultural beliefs at the expense of other factors to explain people's behaviour, helped me to recognise some of my own

observations succinctly put on paper. Fassin points out that using anthropological descriptions of local practices and beliefs in order to increase understanding between health seekers and medical staff leads to the risk of labelling problems as caused by ‘cultural difference’ when really they may have more to do with social discrimination and unsatisfactory services (2001). In an example from the Ecuadorian Andes, he reports that women’s low rate of use of maternity services was described by doctors and anthropologists as being due to cultural aspects related to their sense of modesty and ritual behaviour (2001:303). Fassin found, however, that their resistance had to do with financial and geographical access, fear of verbal abuse and wariness of the frequency of cesarean sections, which make it difficult to get back to agricultural work. He asserted that Andean ‘tradition’ cannot be considered as ‘intrinsically opposed to the use of health services’ (2001:305) and says that ‘the precarity of their situations – socially, economically, and legally – is often a stronger, more immediate determinant of their behaviour than their supposed beliefs’ (2001:310). He warns that a ‘culturalist’ reading of health seeking behaviour can obscure pitfalls in service delivery and the discriminatory behaviour of employees. The anthropologist in development, expected to unveil cultural practices and offer insight about the ‘Other’, can be at risk of inadvertently over-determining culture as explanatory in the failure of development initiatives or health services, and enabling the avoidance of larger questions about the conditions under which health care is offered (2001). Fassin argues, therefore, that culture should be the explanation of last resort in regards to the difficulties encountered in development and health care programmes (2001). Other authors make related points: Galvez’s work, on Mexican immigrants in the United States, describes cultural programming as an ‘easy pill to swallow’ in recommendations on how to improve public health (Galvez 2011:159).

Culturalism, like medicalisation, describes a process of ‘obscuring’ that comes up often, in varied forms, in critical literature, to shed light on the way in which structural factors, such as poverty and inequality, are hidden behind more approachable, technical or politically neutral explanations or solutions. We saw Scheper-Hughes’ extreme example, in which starvation is ‘medicalised’ and treated with tranquilisers, and issues of poverty are left unaddressed by the state (1993). Nichter labels the process as the ‘pharmaceuticalisation’ of health, where issues such as food scarcity are overridden while biomedical treatments (the capsule) are prized as solutions (Nichter 1996 in

Harper 2014:139). Harper explains that medical intervention in the form of administration of vitamin A capsules can contribute to the marginalisation of larger issues of food security (Harper 2014).

There are many examples in the fields of health and development of the tendency to individualise responsibility for health problems, which can be linked to the behaviour change emphasis in public health programmes, traced back to the health promotion approach, or the ‘new public health.’ The ‘new public health’ emphasises the role of lifestyle factors (Orsini 2007:349) and the healthy body as a personal project and responsibility (Peterson and Lupton 1996). Bell et al. (2009) examine the campaigns targeting smoking, alcohol and nutrition in mothers in Canada and Australia and how these focus on individual responsibility for health, and risk rendering invisible the political economy that produces these behaviours and ill health in the first place (such as poverty and racism). The authors suggest that the way these are framed as health emergencies that require immediate intervention contributes to the generation of a moral panic, serving to stigmatise particular groups of women (Bell et al. 2009). For those in vulnerable conditions, the impact of an individualised approach to health may prove to be a heavier burden. Unnithan-Kumar mentions that often the medical surveillance that the poorest have to endure, either by state or affiliated organisations, is more intrusive than other sectors (2004:3). They are more likely to be subject to top-down imposition, development intervention and medical coercion, while the affluent can choose the type of intervention or service they want (2004:13). This issue will be discussed later, in light of rural women’s comments regarding public versus private healthcare.

2.2. Development and categorising the poor

Critical perspectives on development helped me to raise questions about the social relations hidden behind questions of why Andean women would appear to listen to certain state recommendations, and not others, and what it means for women to be targeted as poor by the developmental state. Development becomes a narrative with its own description of how human relations and that with the environment are constructed, and how social meanings are produced (Grillo 1997:12). The ‘development gaze’, Grillo points out, ‘constructs problems and their solution by reference to a priori criteria’, those themes which ‘buzz around developmental agencies: malnutrition, labour bottlenecks....’ etc. (Gatter 1993 in Grillo 1997:19). Looking at the example of public

health activities in the Andes, we can see how children and mothers were targeted by the state for special attention, parenting practices were offered as a factor causing malnutrition, and behaviour change was promoted as a programme goal. Part of the logic of targeting poor women, for example, is to ensure that the most vulnerable are offered the support they need. As Schady explains, from a World Bank point of view, targeting is essential in order to efficiently allocate resources, to make distinctions between ‘deserving’ (poor) and ‘undeserving’ (non-poor) applicants to social programmes, and recommends that in countries such as Peru with inadequate household data and a weak administration, geographical indicators be used (so that resources are assigned by district, according to poverty, or malnutrition, or other vulnerability measures) (Schady 2002). Eyben explains how those involved in aid policy, herself included, worked to include targeting as a policy, as part of the effort in the 1990s to put people at the centre of development, protect the poor and the disempowered, and give voice to voiceless (2007:34).

However, questions have arisen regarding the categorisation of the poor. Sen raises doubts about the widespread use of targeting in development, explaining that ‘a target does not at all suggest that the recipient is an active person, functioning on her own, acting and doing things. The image is one of a passive receiver rather than of an active agent’ and that this is crucial to understanding policy results (1995:11). Conceptualising the ‘poor’ as a category, rather than looking at poverty as a process, means that attention is focused on the conditions and correlations of poverty instead of the causes (Trivelli in Mayer 2002). Poverty is reduced to a set of attributes of the household (Mayer 2002), which facilitates the blaming of the individual for his or her condition, with scant attention to external factors (Trivelli in Mayer 2002). As Escobar points out, the development paradigm categorises individuals, such as ‘peasants’ or ‘lactating women’ as development problems in need of reform (Escobar 1991), or as target groups who can be addressed for improvement. The focus on ‘empowerment’ of targeted individuals or community groups suggests people can be enabled to cope with poverty, rather than encouraged to mobilise to transform structures that keep them poor (Cornwall and Fujita 2007:60). In an example from Peru, Meltzer (2013a) describes the *Juntos* cash transfer programme, and a related pilot project initiated in some regions, called *Proyecto Capital* (to promote individual savings accounts for *Juntos* participants), which trains women in how to manage their money, encouraging them to deposit their cash transfers in

individual savings accounts (2013a:642). She suggests this type of social programme approaches poverty alleviation as an individual responsibility rather than addressing structural problems (poverty and unemployment). Poor women are targeted as a category, in interventions designed to help them individually manage their condition of poverty.

In the volume *Power of Labelling* (2007) various authors look at the underlying problems in targeting specific categories for aid. Eyben comments that those who had pushed the concept quickly sought to get rid of it, as it was a mistaken focus on ‘categories rather than relations’ (2007:33) inadvertently reifying certain categories, making them subject to measurement (2007:34), and focused intervention. In the same volume, Wood explains that targeting the poor can suggest that poverty is to do with characteristics internal to the poor, overlooking conditions through which poverty is reproduced, an approach which is convenient for upholding certain interests: ‘to those in power in unequal political economies, poverty is best conceptualized as behavioural rather than structural’ (Wood 2007:22).

The de-linking of structure and responsibility, which serves multiple interests, evident here in these authors’ critiques of development trends, and above in reference to public health and behaviour change, is a re-occurring critical theme in this thesis, which is especially concerned with how even well-intentioned interventions have this effect of blinding us to the conditions of underlying inequality.

2.3. In debt to Foucault

The work of Foucault is central to my discussion, given that some of the above-mentioned perspectives, as well as others I will turn to below, are influenced by his work. Foucault describes the concept of governmentality, referring to how the interest of government in the well-being and control of the population leads to the implementation of mechanisms which encourage people to become responsible for their own welfare, and in this way people come to adopt lifestyles in sync with government interests (Foucault 1991). Foucault’s work on ethics linked governmentality to a mechanism of responsabilisation referred to as ‘technologies of the self’, in which people chose to comply with widely disseminated expectations in the name of self-improvement (Foucault 1988). Of central importance is the way that human conduct is

directed by calculated means, so that people themselves improve their capacities in line with authority. This authority for Foucault does not rest solely in the state but in external institutions, civil society, even the family, so that ideas of conduct are pervasive at different levels (Gupta 2001, Rose et al. 2006).

The nature of the programmes I look at in Peru lend themselves to a discussion of Foucault's work on governance. As mentioned above, Meltzer (2013a), for example, uses Foucault to examine Peru's *Juntos* cash transfer programme, which, she describes, 'normalizes particular forms of responsible citizenship' (Meltzer 2013a:642), akin to Foucault's technologies of the self. Gupta, similarly, describes the Integrated Child Development Services Program in India, which has many points in common with the Peruvian government services (childcare, nutrition, healthcare), as a perfect example of Foucault-style governmentality (2001). He reminds us that Foucault's notion of governmentality has to do with the management of the population, not just to ensure the optimisation of capabilities and productivity, but also welfare and prosperity: 'Governmentality is about a concern with the population, with its health, longevity, happiness, productivity and size' (Gupta 2001:68). It involves an immersion in the details and minutiae of people's lives and demonstrates a significant investment in the *quality* of the population. An investment in children becomes part of national economic planning (Gupta 2001) for the development of the nation. Though governmentality as an analytical tool came about through examining Western governments, we can see through these examples that it has been applied in developing world contexts as well. This is in part due to the way that authority is conceptualised in governmentality – as circulating not just through state channels but more diffuse networks of actors (Rose et al. 2006) – which means that the approach can also make sense in the context of a weak state (as Peru has been characterised, to be explained below). It refers to how promotion of self-regulating behaviour along certain norms can be spread and upheld through other figures, inside and outside the state, such as civil society (Gupta 2001), NGOs, or lower level authorities.

The disciplining of the individual body and optimising of its capabilities, and regulating the 'species body' or population is central to Foucault's concept of 'biopower' (1978) and to his explanation of governmentality. The management of malnutrition in the Andes enables us to explore this concept, as we look at how babies are being identified,

measured, evaluated and brought into the realm of the state, and mothers are made responsible for taking up state advice, so that national nutrition statistics improve. The medicalisation of aspects of everyday life offers an opportunity for increased social control or, in the words of Foucault, the establishment of medical surveillance (Foucault 1973).

2.4. Reproductive governance

A further important concept, to be traced back to Foucault, is that of ‘reproductive governance’, a form of governance through biopower, in which subjects come to govern themselves on intimate bodily levels (Morgan and Roberts 2012:243). It offers a theoretical framework for understanding the regulation of reproductive behaviours and identities, and facilitates the constitution of women and men as citizens responsible for reproducing rational social and national bodies (Ginsburg and Rapp 1995), citizens whose values and priorities should come to coincide with those of the state, to be demonstrated and reproduced through their behaviour (Morgan and Roberts 2012:244). Women are expected to reproduce according to certain state-supported logics, and research has shown how this can act as a means of exclusion, such as Ram’s work in India (2001), and also how certain people’s reproduction is a threat to the state (Galvez 2011), or categorised as ‘risky’ or irresponsible, and so slotted for specific interventions (Smith-Oka 2012). This area of work has been influenced by the important contributions of Ginsburg and Rapp, who argued that reproduction is central to social theory (1995:2), and brought political economy and considerations of power into reproduction. They emphasised the transnational character of how reproduction is structured across social and cultural boundaries, building on Shellee Colen’s concept of ‘stratified reproduction’ based on her study of the physical and social reproductive labour of nannies in New York (1995). She used the concept to refer to the inequalities in how this reproductive labour is structured within global economic, political and social forces operating across racial, ethnic, gender and place based divides, so that some categories of people are empowered to nurture and reproduce, while others are disempowered (Colen 1995). In the rural Andes we can see a situation which echoes Smith-Oka’s words regarding low income, often indigenous mothers in Mexico: ‘their reproductive futures are only valued if they not only produce the acceptable low number of children but also if they are ‘good mothers’ to those children’ (2012:2280). As

Morgan and Roberts explain, reproductive governance in Latin America has always produced and reproduced social distinctions, identities and citizens, which can serve to solidify ethnic boundaries or create new alliances, and new categories, such as ‘complacent mothers’ (2012:251).

The targeting of mothers perceived to be at risk, and the allocation of blame that can come to occur in processes of reproductive governance are of relevance for my work, particularly in how these categories can overlap with those of race and class. A mother’s behaviour is sometimes referred to as a central factor for danger, slated as causing perinatal complications and maternal or infant death (Fordyce and Maraesa 2012), and parental incompetence has been blamed for health programme failures in developing country contexts (Finerman 1995, Van Hollen 2002). Ethnographies of Latin American women’s experiences with public health and social service systems shed light on how certain publics are targeted, and the notions of risk and responsibility that are communicated. The work of Galvez (2011), as well as Horton and Baker (2009) on Mexican immigrant women in the United States discusses how immigrant mothers find themselves categorised as problematic (as failing to meet dental hygiene standards at pre-school, for example) and how this is tied with class (unable to afford dental care), ethnicity (subject to healthcare workers’ frustrated comments that Mexican parents do not know about dental hygiene), and illegal status (not eligible for dental coverage), and how this negative categorisation occurs within their own desire to get closer to these state systems (public health, early childhood education) which represent access to a modern future for their children, as legitimate citizens (Horton and Baker 2009:794). For Mexican women arriving in New York city, the hospital represents what is modern about their new location, yet exposes them to new prejudices (Galvez 2011), similar to what Bradby (1998) reports in the Bolivian Andes. Hospitalisation fits in with what women welcomed as ‘modernizing values’, and women were happy to accept the social mobility implied, yet women were fearful of returning to the hospital, reporting verbal abuse (Bradby 1998:51, 54). As Smith Oka describes for indigenous women in Mexico, being poor, single and uneducated, they are assumed to be bad mothers, which shapes the kind of service they are offered at the hospital (2012:2276).

The debate on the extent to which maternal behaviour is ‘natural’ and the literature on mother love are also important. Hrdy (1999) makes the case that mother love is not

automatic or instinctual, as does Ruddick (1995) who in her work on ‘maternal thinking’ expresses that maternal response is not foreordained. Research in a wide variety of contexts contributes to this debate: Wolf (2003), describing how daughters are given away in Taiwan, raises questions regarding the nature of our expectations of maternal sentiment. Work in the UK examines women’s own fears of moral failure as ‘unnatural’ mothers (Heritage and Lindstrom 1998). Dureau (1993), in the Solomon Islands, comments that mothering in traditional societies is both depicted as authentic and ‘natural’, and criticised as ignorant or uncaring.

For my research, work on maternal behaviour, mother love and morality in Latin American is of particular interest, especially Scheper-Hughes’ (1992) ethnography of motherhood and extreme poverty in Brazil, as it examines the cultural field around the prevalence of child malnutrition. She describes how mother love is not natural, but a cultural construction, shaped and limited by economic and social constraints. She finds that coping in a context of high rates of child mortality can lead to delayed maternal attachment and the practice (not fully intentional) of ‘selective neglect.’¹³ Nations and Rebhun (1988), working in a comparable location in Brazil, disagree with what appears to be an assumed fatalism of the poor, and point to a cultural medical system in which parents do their best to treat children within challenging circumstances and high rates of disease, and to a belief system which avoids outwardly visible demonstrations of mourning. Also in Brazil, Mayblin (2012) explores how an idealised view of mother love and sacrifice, linked to Christian teachings, shapes dominant discourse on the good mother. This body of work raises important questions for the Peruvian Andes, as assumptions about love (or lack of love), and prevailing views of what a ‘good mother’ is, are threaded through social relations with service providers and others.

2.5. The Unsanitary Citizen

The way in which the operation of public health systems can be influenced by racial and ethnic assumptions was touched upon above. I found Briggs and Mantini-Briggs’ (2004) ethnography of the 1991 cholera outbreak in Venezuela particularly useful in this sense. The research was carried out in a rainforest area in eastern Venezuela in which

¹³ The topic of malnutrition and selective neglect has been studied elsewhere too. See for example Larme (1997) on Peru, and Cassidy (1980).

some five hundred people categorised as indigenous died from cholera in 1992 to 1993. Briggs with Mantini-Briggs (2004) put forth the notion of the ‘sanitary citizen’, or individuals who manage to conceive of the body, health, and disease in terms of medical epistemologies, adopt recommended hygienic practices and defer to the medical profession for disease prevention and treatment. Those who manage to regulate their health behavior and reshape themselves in keeping with new medical knowledge acquire the status of ‘sanitary citizens’, while others are excluded, or expected to have failed to internalise the medical perspective, and are left in the category of ‘unsanitary citizen’ (Briggs and Mantini-Briggs 2004). The authors link this emphasis on individual adoption of health recommendations to avoid cholera to Foucault's notion of governmentality, or the rational, calculated ways that the conduct of individuals and populations is shaped through their active self-regulation (Briggs and Mantini-Briggs 2004). The failure of certain population groups to take up state-recommended practices served as an excuse for unsuccessful public health campaigns, especially as high rates of indigenous people suffered from the epidemic. Authorities, public health and the media upheld the view that the cultural practices of indigenous people made their bodies more prone to be infected with disease. This tendency of health authorities and other actors to refer to people's indigenous background and cultural practices as an explanatory factor for the presence of the disease, which Briggs and Mantini-Briggs refers to as ‘medical profiling’ (2004:10), allows the state to avoid facing its failure to guarantee reasonable living conditions.

Briggs explains how public health allowed a new type of relationship between state and citizen – to control disease epidemics – and enabled the use of health as one of the key bases for creating normative definitions of citizenship (2003). Differences between populations in terms of their relationship to the circulation of health-related information can be crucial determinants of their citizenship status (2003:292). Tracing the way that public discourses about health are generated, circulated and received suggests that multiple publics are created by these discourses, thereby making ideas about populations ‘at risk’ and health inequalities seem natural (2003:290). Herein lies another basic contradiction of the government cholera prevention programme. Having already established that the poor, *indigenas*, and street vendors lacked agency and, therefore, could not change in ways that would enable them to get out of cholera's way, the health education programme required them to do just that (Briggs 2003:306). When the state

extols the virtues of citizen involvement in health and then creates discursive chasms that effectively make it impossible to shape public discourses about health and even to be credited with understanding them, distrust of public health institutions would seem to be a foregone result (Briggs 2003:312). This is an important point to remember, when considering how the targeting of poor mothers by the state is understood by those so targeted, as I will discuss in the next chapters. I will return to this intersection of agency and citizenship below.

2.6. Negotiating race

Peru is a racially hierarchical society, with white European-looking characteristics and indigenous features and colouring on opposite ends of the scale, although this division is dynamic and manipulable. The largest population categories are the indigenous people (predominantly Quechua and Amayra ethnic/language groups who live mainly in the Highlands, and also the Amazonian indigenous groups) and the *mestizos*, or those of mixed indigenous/Spanish origin. There are also Afro-Peruvians and Asian-Peruvians, and the word *criollo* is used to refer to Europeans born in Peru. *Cholo* also refers to a white – indigenous mix. Cotler explains that it is historically associated with indigenous people active in commerce, a category of urban Indians, while *mestizo* was an earlier mixed race category, with status and control over rural indigenous populations (Cotler 1967). As I explained in an earlier section on language, it is difficult to quantify racial and ethnic categories in Peru, and estimates vary widely according to how the definitions are presented. This is due to various factors: as we saw earlier, the term Indian was replaced by *campesino* (farmer or peasant) under Velasco (1968-1975) and ethnic/racial data was not gathered in the census for several decades (Valdivia 2011). (Although this just changes the category designation of the same population, rather than reducing the underlying differences in social status). Also, people shy away from defining themselves in terms which can associate them with ethnic category labels sometimes used as insults, such as *cholo*, or *serrano* (from the mountains). Valdivia adds that traditionally, Andean people refer to themselves in ethnic terms as belonging to a specific community, village or district of origin, the geographical place having cultural significance (Valdivia 2011).

As de la Cadena explains, the historic construction of race in Peru had to do with geography, with those on the coast (particularly people from Lima) being categorised as

'white' and those in the Andes were deemed '*cholos*' or close to Indians (de la Cadena 1998:144). The coast was more widely settled by Peruvian-born Spanish people, and continued as a centre of more wealth and influence, and was further integrated in the world economy, with fishing and agricultural exports, for example (Cotler 1967). In the early days of Independence, disputes over political issues between provincial elites in the Highlands and the capital could also be seen as conflict along lines of 'white' versus *serrano* or indigenous Peru (Mariategui 1968 in de la Cadena 1998:145). Although elite status remained linked with European heritage and whiteness in physical appearance, as provincial and *mestizo/cholo* figures gained political power in Lima too, there was a growing sense that power, education or location also enabled provincial elites to whiten themselves (de la Cadena 1998:146). Questions of geography (coast/mountains and urban/rural) and its impact on access to education, and markers of class and profession, combine with physical appearance in assessments of race and ethnicity in Peru today.

There is a fluidity to race in the Andes. Race can accumulate on the body: one's adopted gait, level of education and clothing can serve to make one more white, or, alternatively, the body, diminished by poverty and hard work under the sun, can indicate that one is racially Indian (Weismantel and Eisenman 1998). At the same time there is a certain space to negotiate on an individual level, through education, the adoption of urban habits in order to move out of the cultural, social and geographical place to which one has been ascribed (Canepa 2008). As well as colouring, features and height, socioeconomic position, geographical origin, education, consumption patterns, dress and language, inform one's position on an ethnic ladder (Boesten 2012:366). Gender too: De la Cadena's work on how Andean women are more 'Indian' (1992) discussed how in one area, many more women than men were defined as indigenous in the census – they are in that category though they are the direct family members of *mestizo* men. De la Cadena explains that men, due to their commercial activities, are able to be upwardly mobile in ethnic categories (1992). Yashar (2015) points to assumptions of fluidity as a reason for reduced mobilisation in Latin America on the basis of identity politics (adding, however, that ethnic inclusion is limited and economic disadvantage remains higher for indigenous populations).

It is important to look carefully at the discourses surrounding race in Peru, how these overlap with class and ethnicity, and the extent to which race is named as a factor of

discrimination and disadvantage. Discussing Latin American in general, Wade (2010) says that despite the argument that in Latin America people can move from *indio* to *mestizo* the notion of race is ever-present: racial categories do have pejorative implications and remain present in everyday life, shaping social relations (Wade 2010). Weismantel (2001), working in the Andes, asserts that despite some researchers' descriptions to the contrary, Andean society is overtly racist, and social life is fundamentally about the white versus Indian division. Specifically in Peru, authors debate whether discrimination occurs primarily on the grounds of race, or rather as overlapping with ethnicity or class (See Valdivia's 2009 article for a brief summary of positions). Race remains as a defining issue yet the extent to which it is admitted in social circles as a factor of crucial importance varies. Bruce's influential work (2007) describes the everyday phenomenon of racism as a central aspect of social relations in Peru, but explains how this racism is often negated, or passes unperceived. Golash-Boza (2010), working in Lima, mentions the 2006 law that made racial discrimination punishable, and says that 'Racism in Peru is no longer hidden. This recognition of racism as a Peruvian problem distinguishes 21st-century discourses on racism from those of the 20th century' (328). Yet her research also shows that although racism is now openly deplored as a societal problem, many people continue to see their own derogatory behaviour as not racist (2010:318). For example, negative cultural stereotypes are referred to as 'reality' and therefore not seen as a necessarily racist attitude (2010:3018). Ingrained assumptions of cultural superiority allow prejudicial descriptions of difference to be cloaked as fact. The subtle ways in which racism continues to be naturalised, despite recognition that racism should not be acceptable, is important for my own observations on how disadvantage and difference is discussed in the Peruvian Andes.

Along this vein, De la Cadena refers to the fluidity of race in the Andes, and says that people 'deny the existence of insurmountable hierarchies and immanent cultural differences – those that would place them in absolute inferior positions – and at the same time acquiesce to the legitimacy of social differences created by educational achievements' (2000:5). It should be noted that in the rural Andes, education became a high priority for families as it was symbolic of integrating into larger national life, in part due to literacy as a requirement to vote, as mentioned earlier. Research on bilingual education has shown that rural families feel that projects to introduce Quechua language

education represent a threat to their children's future, by emphasising indigenous identity and language in a racist society, when the only route to citizenship is Spanish education (Garcia 2008). Various authors have noted this conviction, that education will allow one's children to leave rural suffering and low status behind (Hill 2013, Leinaweaver 2008), and that it was almost 'immoral' not to make one's children attend school, as schooling is seen as a means to escape not just rural drudgery, but being second class (Boyden 2013).

Those of rural, indigenous-language-speaking backgrounds come to believe that with education they can escape the discrimination and poverty facing the 'Andean farmer' category (de la Cadena 1998), that they can '*superarse*' or improve themselves (Leinaweaver 2008), a very common narrative in rural areas. In this way, notions of superiority based on race have been replaced in discourse by differentiation in levels of education, urban culture, a kind of 'racism without race' making identity malleable, used to differentiate oneself and at the same time reproduce social discrimination (Weismantel and Eisenman 1998, Weismantel 2001, De la Cadena 1998). As outright racism is no longer acceptable, De La Cadena refers to this as a 'silent racism' linked to education and profession (1998) which can serve to retain the same hierarchies but based on more socially acceptable criteria.

Hill describes how education does indeed mean that Quechua-speaking people of rural origin shift to *mestizo* status when they are professionally employed. His informant, an academic with international experience, living and working in the city, has developed a Quechua professional identity, as she does not want to cast off her rural Andean heritage and language, yet there is an underlying tension as she explains, 'of course it's not a problem for me if they say I'm Quechua, if they say I'm *campesina*. It's not a problem. But I also realize that I've advanced quite a bit.' She has to describe herself as part *mestizo* as well, for want of a better term, as it is not usual for someone to be Indian and professional. She also feels she has to describe the change as having 'advanced' (Hill 2013:394). An NGO colleague from the city of Ayacucho explained to me that in her experience, people in the Andes understand social hierarchy in terms of education and professional status, and that they did not base it as much on skin colour. I noted in the village that one elderly woman addressed her own son, visiting for the weekend, as 'Professor', calling him by his professional status as a mark of respect.

With this fluidity of race within a hierarchical social system comes the creation and recreation of barriers. Visitors from villages to the capital of Ayacucho are considered to be farmers even if that is not their profession, because they show signs that urban people consider as indigenous (Leinaweaver 2008), and farming and indigeneity coincide to denote Otherness. Urban Quechua speakers will construct difference by pointing out the rural farmer status of visiting Quechua speakers. Quechua-speaking urban sales people in traditional dress have been heard to refer to rural women in a simpler homespun version of that style of clothing as ‘savages come down from the mountain’ (Bendezú et al. 2011). In Canaguilla, I heard a Quechua-speaking rural farmer explaining that she had met women from ‘way up the mountain, *Indio*’ and her neighbour told me about Amazonian indigenous people in the jungle: they ‘are not yet civilized, they do not even have shoes.’ People locate themselves along this spectrum even if they do not always intend a pejorative use. Colloredo Mansfeld (1998) offers an example of the elusive quality of ‘cleanliness’ and how hygiene is used to denote race in the Ecuadorian Andes. Indigenous people who have become market business people use ‘dirty Indians’ as an insult for rural people, instead of contesting the racist contrast between urban cleanliness and rural brutishness (Colloredo Mansfeld 1999:196). A symbolic marker of race can always be sought out, either in hygiene practices, or in a detail of the food someone eats (Colloredo Mansfeld 1998:187), practices which can be pointed to by others to uphold hierarchies. Thorp and Paredes (2011) also noted the efforts of those of Andean origin to distance themselves from recent arrivals to the city, even to demean them with discriminatory language, rather than extend solidarity, in order to display themselves as more *mestizo* than indigenous. New forms of segregation evolve, such as the mandatory use of uniforms for nannies in some recreational areas such as restaurants or beaches, to remove any doubt about who is the hired help from the Highlands and who is the *mestiza* Limeña. The ongoing debates about who can use the beaches frequented by Lima’s elite, where domestic staff, as well as the general public, are frowned upon, is noted by Boesten as another sign that Peru’s commitment to equality is largely rhetorical (Boesten 2014).

The tendency to constantly create steps of differentiation can lead to fragmentation, as individuals focus on becoming *mestizo* rather than uniting for indigenous rights (Yashar 2015). Paredes describes that alienation from the political system, together with the low levels of self-esteem and high levels of distrust that resulted from a deep perception of

discrimination have nurtured a ‘pragmatic’ and ‘individual’ approach among indigenous migrants. Only personal efforts are left as a means of improving social status – presidents Toledo and Humala (seen as indigenous-origin) have had the effect of reinforcing this idea (one moving up through education, the other the army), though these strategies are only effective for very few (Paredes 2008:33). Politics is no longer solely dominated by old-school elites - Drinot says that politicians have realised that targeting the ‘*cholo* vote’ is a good strategy (2006) but that the successes of *cholos* (whether in business or politics) does not free them from the racist implications of the category. He refers to Peruvian academic Quijano, explaining that Peruvians participate as ‘individual consumers’ in the political market rather than as a collective class (2006:18). To some extent, socioeconomic and political inequalities appear as inevitable, creating a normalised racial social order (2006:19). This is similar to what Hale has noted in Central America in terms of a turn away from the previous socially acceptable outright discrimination towards indigenous people, and simultaneous introduction of a new form of less obvious racial hierarchy with the notion of the ‘*indio permitido*’ or the specific type of indigenous activism and behaviour that non-indigenous people are willing to accept (Hale 2005).

2.7. Race and the weak state

The question of how race intersects with state services is of particular relevance for Peru. Ewig’s book (2010) on neo-liberal health reform in Peru exposes the role of gender and race in policy formation, and how the health system is not just a product of, but also reproduces these inequities. In the reform process of the 1990s, the poorest people and indigenous groups were not viewed as citizens with human rights, but as human capital, and as bodies needed for demographic and economic targets, for example as participants in Fujimori’s sterilisation campaign (Ewig 2010). Miranda and Yamin argue that health professionals have to be trained differently so they aren’t just a reflection of racism in society (Miranda and Yamin 2008). Peru is offered as an example of how gender discrimination is further compounded by racial and class discrimination, to which indigenous women are particularly vulnerable (Gideon and Molyneux 2012). Authors point to the inability of the Peruvian state to deal with this reality. Boesten (2012) explains that the intersection of class, race and gender informs structural violence in Peru, and determines individual and group access to resources,

services, political voice, and justice (2012:366). ‘The debate about race and racism, how it intertwines with socio-economic opportunities, and how it is reproduced in everyday life in Peru’s institutions as well as through political and everyday violence is ongoing... the Peruvian state fails to address these intersecting inequalities and its devastating consequences’ (Boesten 2012:376). She argues that inequality, seen in the persistent failure to meet basic needs of certain groups, is institutionalised (Boesten 2014). She adds that gender intertwines with the more obvious contextual and relational hierarchies of class and race, to create a much finer nuance of exclusion. Social fragmentation has a political impact, especially in unequal societies such as Peru, as women in politics do not necessarily represent women of other classes (Boesten 2014).

In describing the Peruvian state, while it can be analysed according to different historical phases, such as a developmental state (1980s and 1990s), then later a neoliberal state (1991 onwards) (Scarritt 2012) many sources characterise it as a ‘weak state.’ According to an IDB survey in 2006, bureaucratic functional capacity was rated lower even than Guatemala (Levistky 2011:88). In a ‘weak state’ rating exercise, inequality and lack of institutional capacity are themes that are brought up as risks (Rice and Patrick 2008). Whether or not this type of categorisation is accepted on face value, a common theme comes through: the operational challenges facing the government. Levistky points to the absence of the state in the Highlands and says that public services often fail to deliver (potable water, sewage) and that there are problems of corruption at regional level (Levistky 2011:88). Authors note a lack of articulation between the capital and the regions – regional elections were only first held in 2002 and parties are still not able to consolidate at regional level, and civil society is not politicised (Vergara 2011:76). The political system is also hampered by general perceptions of distrust and lack of faith that voting will make a difference (Crabtree 2011:xix). Other authors point out that state dependence on resource extraction and the ensuing social conflicts further undermine government (Mainwearing 2006, Bebbington 2008, Taft Morales 2013). For my purposes, it is relevant to think about this characterisation as a weak state, and compare it to the perhaps paradoxical everyday presence of the state in women’s lives. This issue is raised by Mortensen (2010) who questions reigning assumptions of the absence of the state in Lima shantytowns, demonstrating that even at the margins there is presence in the absence, and describes a productive, if partial, state-citizen relationship (2010).

Several authors refer directly to the implications that being a weak state has for the management of racial inequality. Some authors explain that inequality and racial discrimination is reproduced because of the weak functioning of the state (Scarritt 2012) and that awareness of racial divides is essential for understanding the ineffective historic operation of the state in the Highlands (Paredes and Thorp 2015). The result of the colonial period was not only a biased redistribution of assets between the indigenous and the non-indigenous, but a culture of discrimination and collusion of class interests (state and landowning elite) that became entrenched as a way of operating at the local level (Paredes and Thorp 2015:5). Scarritt (2012) similarly points out that the marginalisation of indigenous communities first through *gamonal* (Quechua-speaking landowning elite) despotism and then through the new *mestizo* culture, combined with low state effectiveness, meant that local *mestizo* brokers were able to monopolise opportunities, subverting genuine intentions of some policy makers both in Velasco's land reform (1969), and later under Fujimori's rural development programmes (2012:15). Drinot points to Garcia's discourse during standoffs with indigenous groups protesting mining during his administration (2006-2011) to show how fear of racial difference is central to Peruvian politics (2011, 2014). Garcia, resorting to labelling them 'backwards' and even 'terrorists', constructed a picture of indigenous people as enemies of progress, against the advancement of the nation (Drinot 2006). Humala has tried to distance himself from Garcia's criticism of indigenous protesters, initiating a law of prior consultation for resource use, and emphasising 'social inclusion' policy (Arce 2014). Drinot argues that as long as racist categories underlie social relations, this will continue to have an impact on institutional development and the effectiveness of the state (2006). As clearly pointed out in the Truth and Reconciliation Commission after the war, the period of violence was made possible and exacerbated by the underlying political, economic and social exclusion that shapes society in Peru, a normalisation of inequality produced and perpetuated by racism (Drinot 2006:9).

2.8. Citizenship, participation and agency

The current administration in Peru, concerned with lingering low indicators in poor, rural, indigenous-origin areas and as a response to state inertia in addressing these gaps, has brought the concept of 'social inclusion' to the forefront.¹⁴ Work on citizenship in

¹⁴ <http://www.midis.gob.pe/index.php/es/> Last accessed March 3, 2016.

Peru raises interesting points on inclusion and exclusion, and on citizen participation. Meltzer's analysis of the concept of the 'good citizen' in Peru points out how recent scholarship has highlighted the issue of inclusion as central to current Peruvian politics, evident in concerns regarding the 'national' question, or the need for the inclusion of the majority (Meltzer 2013:344). In the introduction to the collection *Fractured Politics*, Crabtree emphasizes the importance of Cotler's early observations (1978 in Crabtree 2011) – that the legacy of colonialism and its inequality were not addressed at Independence or since, leaving Peruvians without a sense of cohesion, belonging or citizenship (Crabtree 2011:xviii). Crabtree describes the continued failure of the state to identify itself with public interest, and how people's low esteem of the government has persisted, despite improvements such as regional elections and the move towards decentralisation, and increased spaces for public participation in local budgeting (Crabtree 2011:243-244). Meltzer points out that Peru currently has more institutionalised mechanisms for citizen participation, such as participative budgets and committees to oversee government programme implementation, than anywhere else in Latin America, largely associated with the return to democracy in 2000 following the fall of the Fujimori regime and related processes of decentralisation (Remy 2005 in Meltzer 2013:20). New discourses associated with democracy-building have grown up. 'Good citizen' narratives, surrounding the active, self-regulating citizen have appeared: the new 'active' citizen is expected to participate (in local budgets, in vigilance) as a means to deepen democracy and strengthen accountability (Meltzer 2013:19-20).

Marquardt's research in Ayacucho (2012) on security and citizenship also shows how participation is a route to inclusion, for urban poor in the marginal outskirts of the city (often recent arrivals from rural backgrounds). In new neighbourhoods, residents are expected by government authorities to work on security services not covered by the state, to demonstrate they are proper citizens, unlike higher-class sectors in the centre, who rely more on police resources. Marquardt says that the appropriation and modification of civil participation to emphasise the rights and responsibilities of citizenship has been effective as an official political strategy within Peru's Citizen Security system (Marquardt 2012:174). Alongside the ideology of inclusion, 'participation' simultaneously functions as a strong organisational model. Marginalised communities on the outskirts are held differentially responsible for undesirable urban changes (such as insecurity) and expected to participate differentially to solve those

urban problems (2012:176), through, for example, serving on volunteer neighbourhood watch committees. In this sense, security is not a right of citizenship but rather has to be earned through participation (2012:187). I was similarly told by informants that they had to construct roads in their new neighbourhoods at the margins of Ayacucho, though wealthier neighbours in the same area used contacts or money to avoid the labour.

Cornwall and Leach have written about participation in health (2010) and commented that much of what constitutes ‘citizen participation’ in these spaces actually amounts to being told about pre-existing health plans and programmes, and at best being involved in monitoring their implementation. There is little evidence of citizen’s role in priority-setting or even in defining health problems as they view or experience them (2010). As Morgan’s (1990) work in Costa Rica shows, real participation can be too risky for those in power. The WHO participatory agenda (1990:212) was pushed into practice in Costa Rica, and community members started to point out that infant mortality was about poverty and unemployment. Real participation is a risk to the medical priorities on which public health operates (Morgan 1990:212). Cornwall argues that the move to rights-based health discourse and enhancing citizen participation should not just be about invitation or inducing participation, but increasing access to information on which to deliberate and mobilise (Cornwall 2002), and as an actual voice in the agenda (Cornwall and Leach 2010).

The current Peruvian government makes frequent use of the term ‘social inclusion.’ This concept was welcomed in policy circles instead of ‘poverty’ because it seemed to refer to more dimensions, rather than just the economic (Aasland and Flotten 2000), also including political, social and cultural causes of exclusion. Lister points to the tension between citizenship’s inclusionary and exclusionary sides, a tension that is inherent in the concept (Lister 2007). Lister explains that the notion of inclusion is problematic, in that it relentlessly produces exclusion (Isin 2005 in Lister 2007). Mortensen, working in marginal neighbourhoods in Peru, describes how despite decades of attempts at inclusive politics, old exclusions still take place (2010). Lister mentions the experience of anti-poverty activists in Europe, and how the last thing people living in poverty want is to be seen and treated as different or ‘other’, as they are in dominant discourses of poverty, reinforced by media representations. They assert that they are citizens before they are poor, stating, ‘citizenship is something to which we all stake a

claim and means “being part of the mainstream of society” (EAPN 2003 in Lister 2007:53). The process of targeting the poor for inclusion is a process that creates difference and boundaries. If problems of inclusion and exclusion are inherent to the issue of citizenship, then it may be useful to turn to how people are aware of and react to those boundaries, and how they interact with agency.

How do women locate themselves, make decisions, and live within the categories used to facilitate their inclusion in national projects? Grillo warns that critical work on development has put forth a scenario in which there are ‘developers’ and ‘victims of development,’ and that we should take care to note that there are co-existing discourses of development, and a multiplicity of voices (Grillo 1997:21). Ethnographies along these lines, such as Klenk’s work (2004) in rural North India, looking at village women’s involvement in Indian NGO development training, demonstrate how understandings of development differ from trainers to local women. Klenk has shown how women react to an all-pervasive development discourse. By avoiding ‘backward’ or ‘undeveloped’ subject positions, they did not locate themselves as completely ‘Other’ to an image of what a ‘developed’ woman might be, but rather they ‘constructed development as a contested process rendered meaningful through their own situated constraints, experiences, and hopes’ (2004:76). They displaced the notion of ‘underdeveloped’ onto a different time in their life, or to a different place (Klenk 2004:70). Pigg, working in Nepal, also noted that in response to national ideologies of development targeting a generic vision of the village, and the arrival of state and international organisations’ development programmes in their area, who often hired local outreach workers, villagers were sidestepping constructions of themselves as villagers (1992:511). The village had been constructed as a site of backwardness and underdevelopment, and a villager as someone who does not understand (Pigg 1992:507). Rural villagers, noting the opportunities created out of the need to ‘develop’ rural villages, would rather present themselves as agents of programme implementation, than a target population to be developed, as the salaried position was preferable to whatever the programme offered (1992:511). These dualities are built up, and these targets to be worked on are created, as Chen shows in her work on family planning initiatives in rural China, in order to present the state as provider of science and modernity, in contrast to women’s backwardness (Chen 2011).

I found work on women's agency, particularly in terms of women's health, offered a useful starting point for me to think about women's reactions to being targeted in social programmes and public health services. Lock and Kaufert offer insights on agency by looking at women's simultaneous engagement and critical stance in the face of health services and biomedical technology. Lock and Kaufert say this 'complex and lived response' can best be described as 'ambivalence coupled with pragmatism' (Lock and Kaufert 1998:2). As they explain, women's encounter with introduced technologies and medical truth claims is not a one-way process, and can be as enabling as it is oppressive (1998:7). They add that women's relationship with medical technology is 'usually grounded in existing habits of pragmatism... if the apparent benefits outweigh the costs to themselves, and if technology serves their own ends, then most women will avail themselves of what is offered' (1998:2). Lock and Kaufert raise the important question of how 'common sense' is disputed bit by bit, and how what is considered common sense shifts and re-defines, as women gain access to new ideas and practices which alter existing assumptions in women's lives (1998). I will refer back to this when looking at health decision-making, and nutrition supplements in particular.

Ginsburg and Rapp, in their work on reproductive health, link women's agency to consciousness and intentionality (1995:11). This overlaps with some work on feminist agency, which requires women's ability to 'formulate choices' and not simply to make choices (Maitra 2013). Maitra suggests that this involves an awareness, or a consciousness of not just how things are but of how they could be, labelling this awareness a feminist consciousness (Maitra 2013), which appears to me as a way of naming what I observed in terms of varied expressions of agency in my research and what I would describe as a sense of the limits of possibility. Unnithan Kumar's (2001) point that a woman's health choices and ability to change desire to action are related to relationships, family support and her emotional state, specific to her situation alone, is also relevant for the situation I observed in the rural Andes.

Kabeer (2006) looks at agency in relation to citizenship. She draws attention to the relationship between rights and agency, and building on Lister, explains that to act as a citizen requires a sense of agency, or the belief that one can act; acting as a citizen, especially collectively, in turn fosters that sense of agency (2006:99). Thus agency is not simply about the capacity to choose and act but also about a conscious capacity that

is important to the individual's self-identity (Lister 1997 in Kabeer 2006). For citizenship to make sense, to claim one's rights, there has to be a prior belief in one's right to have rights (Isin and Wood 1999 in Kabeer 2006). In the ethnographic chapters I will look at how women are targeted as citizens, and will make use of the concept of agency to discuss their responses.

2.9. Medical pluralism in the Andes

For my research it is important to keep in mind how agency has been discussed in relation to health and healing in the Andes, and the turn towards looking at health seeking behaviour in the context of larger political and economic realities. From the 1970s onwards there was a shift from a framework that often dichotomised traditional and biomedical healing, to one of political economy, and a move to include considerations of social difference in terms of expression of illness, influenced by critical medical anthropology (Miles and Leatherman 2003:7). There was a greater recognition of agency among participants in health systems, and awareness that 'individuals act from motives that change over time, enmeshed in webs of social relations that influence them and this means they construct and reconstruct the pluralistic health systems in which they participate' (Miles and Leatherman 2003:10). Some authors attribute the continued strength of 'traditional' systems to the way that healing serves as an expression of cultural identity (Miles and Leatherman 2003:10). Work in Ecuador suggests that 'women's roles in healing in the family are reinforced and celebrated through alternative healing in a way that is not possible through biomedical healing' (Price 2003:218). In another study, women asserted themselves as the prime actors in health care, even for life-threatening illness, in the face of the advent of biomedical cures, seeing 'their own experience in curing as comparable (if not superior) to that of biomedical specialists' (Finerman 1995:59). I suggest that managing pluralism rather than focusing on traditional healing has now become important for women.

Crandon's work in the Andes suggests that health-related decisions are more about political economy than assertion of identity (Crandon 1986, Crandon-Malamud 1993). A case she describes in a village ethnically divided between *mestizo* and Indian families suggests that far from being constrained by cultural affiliation, in some circumstances cultural allegiance can in fact be manipulated in the health seeking process. She

explains how a *mestizo* youth was diagnosed as anaemic by a physician, and he subsequently died. Later, a boy from the same family, with similar symptoms, was taken instead to a *curandero* (an unusual step for a *mestizo* family) and deemed to be suffering from *limpu*, an Indian illness. Crandon observes that the physician's advice for anaemia was to eat meat, creating a circumstance in which the youth would have to put his needs before those of the rest of the family. However, *limpu*, in contrast, implies the presence of a hungry spirit, and must be appeased through various ritual feasts so it does not invade other community members, indirectly allowing the second son to eat meat. Crandon points out that health seeking behaviour 'is a social idiom through which people negotiate the content of ethnic identity and thereby facilitate or impede movement of resources across ethnic boundaries' (1986:473). This resonates with my observations of pragmatism and the idea of the fluidity of identity.

Mccallum describes how in Amazonia new medical knowledge is not a threat to existing world views, because in fact there is a negotiation and dialogue. Indigenous students learning anatomy, as part of basic training to become local health agents, rather than 'suffering an existential earthquake' due to very different conceptions of the body, talked as if they had been and still were on a quest (Mccallum 2014: 506). I also noted that in many cases, medical knowledge was added to what was already known, rather than bringing into doubt traditional systems. As Orr suggests, medical pluralism is now the norm more than the exception, and 'help-seekers are now recognized as having complex, dynamic relationships with the healing alternatives on offer' (Orr 2012:514). Similar to what I observed, a study in the Bolivian Andes has shown that mothers are open to new medical information, negotiate decisions based on pragmatism and efficiency, and see local practice and the public health system as complementary rather than contradictory, while university-trained health staff showed a 'univocal vision based on the efficiency of biomedicine' (Castillo-Carniglia 2010:526). As compared to the anatomy students above, and similar to the Andean health workers who take pains to distance themselves from their rural backgrounds, as I mentioned earlier, the assumption of a professional role and status implies the need to assert the truth value of science.

The arrival of biomedicine is tied in with the status of being affiliated with urbanity and modernity. As mentioned above, Bradby observed that Andean women initially

welcomed hospitalisation for childbirth as a sign of progress (1998). However, other literature records expressions of the dissatisfaction with the arrival of biomedicine to the Andes. This has been explained in part as a reaction to problems of cost and access. For example, Bastien (2003), studying reactions to *chagas* disease from insect bites, discussed how even a young woman who had trained as a local health agent ended up expressing disbelief about the biomedical diagnosis and cures for the disease, because her family could not afford the treatment. Bastien explains ‘she recognized, as did most other Andean peasants, that biomedical science is only as valuable as its capacity to eradicate disease and heal the sick’: to admit to its curative power is to recognise that positive treatments are available but unattainable (2003:183). Gold and Clapp (2011) and Wayland (2004), working in Peru (in contexts where medicines were unaffordable and public health prescriptions were not yet available) interpreted people’s criticism of pharmaceuticals as ineffective as an expression of frustration with their lack of access, and a larger comment on the way they are excluded from development and modernity. These tensions continue to shape the reception of public health today.

Leatherman and Jernigan look at how the relationship between poverty and illness in the Andes is due to structural inequalities, adding however that considerable variation exists in how specific conditions, histories, and lived experience make some people more or less vulnerable to the synergies of poverty and poor health (2015). The authors point to the need to draw connections between the reproduction of poverty and poor health with larger macro social contexts that shape exposure and constrain agency (2015:287). The most vulnerable individuals and groups are exposed to more stresses, have the most limited coping capability and the least resiliency, and are at the greatest risk for the perpetuation of conditions of vulnerability (Leatherman and Jernigan 2015). This resonates with the internal variations I observed within the group of women all categorised as ‘poor.’

Chapter 3: For whose own good? The *Juntos* Conditional Cash Transfer Programme

3.1. Introduction

One morning I saw a flurry of activity up by the half-built village hall, and noticed a woman approaching through the trees in a government-issued puffy bright red jacket and matching sunhat. My neighbour rushed over and said, ‘Quick, Margarita,¹⁵ bring one of your plastic chairs, the *Juntos* coordinator is coming! She called a meeting.’ I crossed the field to the hall, and offered the chair, but the coordinator continued her speech standing in the middle of the dusty dirt floor, with a semi-circle of women seated around her, on make-shift benches. ‘I am going to talk to you about our co-responsibility. This is the heart of the programme. If there isn’t co-responsibility, *Juntos* does not make sense.’ She went on to ask, ‘Should someone who doesn’t send her child to school get the money?’ ‘Noooo!’ they all cried. ‘Should someone who doesn’t go to health controls?’ she then asked. ‘Noooo...’ they repeated. ‘Let’s be responsible mothers. Some mothers are very careless. Why is there malnutrition? Because some mothers still don’t understand.’

This moment reaches the heart of the issue of how *Juntos* (translated as ‘together’), the Peruvian cash transfer programme, works at village level: mothers are urged to take responsibility and lift their children out of poverty and malnutrition. There is an underlying assumption that they are in part the problem and therefore can be shaped to be the solution. This chapter is about how women react to these assumptions. Here I will be looking at *Juntos* in relation to public health and nutrition, the messages about mothering that surround the programme, and how *Juntos* is lived on the ground. The programme appears as an important ‘before and after’ moment in terms of women becoming familiar with a package of nutrition-related lifestyle measures, and in larger terms, women’s relationship to the state. There is a huge body of literature on conditional cash transfer, which ranges from describing it as undoubtedly positive in terms of policy (Hanlon et al. 2010), to a more critical scholarship concerned with the perpetuation of social divisions (Molyneux 2009). Here I will show how women have taken up *Juntos*, problems and all, and manage its exclusionary implications on a local level. I argue that women align themselves with *Juntos* in an attempt to move beyond the very category in which their membership to *Juntos* places them.

¹⁵ Margarita is my second name, the one I used in the field, as Bronwen was difficult for people to pronounce and remember.

First of all, I will briefly mention some of the views surrounding cash transfer in general, and the approach that will be taken in this chapter. Then I will describe the programme in Peru. In the next section I will discuss the kind of discipline surrounding the programme and how that has normalised certain behaviours. I will move on to describe how women react to this scenario, and how it is used to suggest hierarchies in the village. I will then mention that despite this ‘make use’ attitude, families have also brought to light some ways that *Juntos* enters into conflict with their goals.

Positions on cash transfer

In policy terms cash transfer has been praised by development scholars over the last decade as an unequivocal step forward in terms of poverty alleviation:

cash transfers are now considered an effective and normal means of addressing poverty... the distinguished British medical journal the Lancet commented that ‘family poverty and under nutrition can be addressed through income /transfer programmes, such as Mexico’s *Oportunidades*... Positive effect of this policy is now established beyond doubt and no further pilot studies are needed (Hanlon et al. 2010:145).

This has come after a wave of cash transfer programmes (starting at the end of the 1990s with Brazil and Mexico) spread through Latin America, most with at least nominal conditions attached (typically school attendance for children and clinic visits for improved health) (Ferguson 2015), thus called ‘conditional cash transfers’ (CCTs). Reviews favouring the cash transfer approach (see for example Fiszbein and Schady’s (2009) World Bank report) see them as empowering, and evidence from Africa shows that they work for reducing poverty (Ferguson 2015). Cash transfer is seen as favourable in contexts where poverty cannot be addressed through market participation as people are too poor, nor by government programmes because the state is inefficient. The claim is that such grants rely on poor people’s own ability to solve their own problems, without imposing the policing, paternalism, and surveillance of the traditional welfare state (Ferguson 2009:174).

The critical literature points out problems that have occurred due to various conditional requirements. In Nicaragua, because babies’ weight gain was initially put as a condition, there have been reported incidents of overfeeding children just before a health visit in order to reach the set target (Bradshaw 2008:201). Some policy reviews in Latin America have been cautious, warning that CCTs have been seen to increase use of

services (Cecchini and Madariaga 2011) and have some impact on women's empowerment (Molyneux and Thomson 2011, Holmes et al. 2011) but alone are not enough to actually leave poverty and inequality behind (Molyneux and Thomson 2011). Reviews have warned that CCT in Latin America has also been found to increase women's domestic burden and time poverty (Jones et al. 2007, Holmes et al. 2011) in this sense naturalising gender inequalities (Tabbush 2010) and may even lead to further isolation and increased stigma in some cases (Molyneux and Thomson 2011).

On making mothers into citizens – theorising the Peruvian case

In Peru, cash transfer has been explained as a change in the paternalistic relationship between beneficiaries and state-funded social programmes, to instead rely on both parents and the state (Jones et al. 2007). The 2009 UNDP Human Development Report on Peru says that 'the direct cash transfer empowers the demand for services from the poorest of the population . . . contributing to create a responsible citizenry' and describes this as part of a process to 'engage the citizen as agent of his own development' (Meltzer 2013).

Meltzer's work on *Juntos* and the pilot subsidiary *Proyecto Capital* (or 'Capital Project') to promote personal savings accounts is concerned with the way in which poverty alleviation through cash transfer re-addresses structural problems as individual responsibilities (Meltzer 2013). It has been argued that cash transfers represent 'not so much the extension of citizenship rights to the poor, as their supporters claim, but a continuation of the poor's second class citizenship. ...While targeting claims to achieve social integration through subsidizing poverty, it tends to reproduce subtle or not so subtle forms of social exclusion' (Molyneux 2009:62). Other critical points, observed in Peru, include the problem of instrumentalism, as women are reduced to their function as mothers (Cecchini and Madariaga 2011), the way the state has invaded intimate life, the problem of coercion (Piccoli 2014) and the infantilisation of women (Jones et al. 2007).

This critical stance will be taken as a starting point here, in order to look at overlapping notions of citizenship and parenting, making reference to Foucault's work on governmentality and technologies of the self, or the 'ways in which human beings come to understand and act upon themselves within certain regimes of authority and knowledge, and by means of certain techniques directed to self-improvement' (Rose et

al. 2006:90). I will also make use of notion of the ‘sanitary citizen’ (Briggs and Mantini-Briggs 2004) and look at how these types of categories come to interact with assumptions about race.

This chapter can be located within the field of reproductive governance, as it is about how authority influences citizens’ reproductive behaviours to ‘embody and reproduce state-supported priorities in their values, conduct, and comportment’ (Morgan and Roberts 2012:244). I will make reference to ethnographic work, mentioned in the literature chapter, such as that of Galvez regarding Mexican immigrants in the United States, which is about mothers’ initiation into a system which represents a better future, but participation in which can be degrading (2011).

In Peru, women sign up for this programme, which locates them in a problematic category. In this chapter I will take a step on from the critical literature on cash transfer to talk about how women make use of the *Juntos* programme at the local level. How women engage with this model of citizenship that seems to do with improving (and proving) oneself will be discussed.

Juntos (‘Together’), the Peruvian version

Juntos, the Peruvian conditional cash transfer programme, is an influential and far-reaching programme, given its drawing power in rural areas and impact on the use of state health and education services. Under this programme, mothers in conditions of poverty or extreme poverty, with children under 18 years of age receive financial support (200 *soles* every two months, equivalent to about £20 per month), on the condition that they bring their young children to public health checkups, and once they are school age, ensure that they regularly attend pre-school (if available in the village), primary school and high school.¹⁶ They must also have valid national identity cards in order to enter the programme. Set up in 2005 (with funds from the World Bank), it was first put into place in Chuschi, Ayacucho, an area that suffered greatly in the conflict between Shining Path and the government in the 1980s and 1990s, and was soon extended to 110 districts selected from three other Highland departments, as well as Ayacucho. By 2013 it had reached almost 40,000 villages in 14 departments. The most

¹⁶ Fathers can participate, but *Juntos* prioritises engaging with mothers (<http://www.juntos.gob.pe/>). The idea is to give women the cash so they ensure it is actually spent on children’s needs. Last accessed February 15, 2016.

recent administration included *Juntos* within the newly created Ministry of Development and Social Inclusion (MIDIS), which has a vision to ‘eradicate extreme poverty and chronic child malnutrition, that children of all the national territory receive quality universal healthcare and education,’ and aims to ‘break the historic intergenerational transmission of poverty and social exclusion.’¹⁷ The *Juntos* programme is symbolic of the administration’s stated aim of ‘creating a Peru for all’ and to rename aid for the poor, as rights for citizens (Meltzer 2013a).

Recipients of the programme receive money through bank machines in the provincial capital every two months. A list is published by the *Juntos* programme and displayed at the municipal office, so that women can ensure they are indeed due to receive payment and do not make the trip in vain. The process is organised through *Juntos* offices in the regional capitals, from where district-level coordinators travel to hold district level monthly meetings for voluntary village representatives, or ‘presidents’ who then transmit information back to participating women in meetings in their villages. The coordinators are in charge of actively verifying that village women do indeed send children to school and to the health centre, and coordinators visit these services to ensure compliance. In the case of absences, they issue warnings by sending messages to villagers through their village *Juntos* president. When various faults accumulate, women’s payments are suspended. The information for each case is stored in the national computer system, updated by the district coordinators. In the case of Canaguilla, in order to attend the monthly meetings, the president walks an hour up the hill to the district capital, where meetings start around nine in the morning and usually last for several hours and often include presentations from other organisations or programmes, or training sessions held by health services staff. The main contact with the programme is through this district coordinator, usually a woman, who in most cases speaks Quechua and Spanish. Coordinators are seen locally as urban professionals and usually live in the regional capital, Ayacucho.

I should add here that for all the participating mothers their use of the health centre is central to the *Juntos* experience. The programme has created a whole new ambit of relationships between health workers and rural Andean mothers. Like *Juntos*

¹⁷ My translation from the MIDIS website <http://www.midis.gob.pe/index.php/es/nuestra-institucion/sobre-midis/quienes-somos> Last accessed May 20, 2015.

coordinators, some health workers may have lived rural childhoods in Quechua-speaking families, but now represent city life and the status of higher education. I mentioned previously that the government has made a significant effort to offer universal public health coverage, and rural populations recognise the benefits of increased access to medical care (Del Pino et al. 2012). However public health has also been subject to criticism for low quality service and discriminatory treatment in the rural Andes (Diez Canseco et al. 2003, Yon 2006). Because of *Juntos*, women's interaction with the public health system has greatly increased, due to the mandatory nature of the check-ups, but also because of the additional activities that the health system also carries out, such as nutrition sessions in the village, with this large public, the *Juntos* participating mothers.

I focus here on the obligation to attend nutrition check-ups at the health centre, rather than the regulation regarding school attendance, since in fact families already prioritised school enrollment previous to the *Juntos* intervention. The health centre activities start with pre-natal checkups and nutrition education sessions, continue on with regular check-ups according to the child's age, of which the measuring of weight and height to ascertain nutrition status are the main feature. Previous to the programme, very few women made use of the health services, though they were starting to give birth in the centres, as a result of concerted pressure from the government in order to reduce maternal mortality.

I mentioned above that the only two legal conditions, referred to above as 'co-responsibilities' are school attendance, and for those below school age, to attend health centre appointments. These were the only two conditions actually published in the original *Juntos* manual, yet in the early days of the programme, because *Juntos* employees were also in charge of educating women about healthy lifestyles, and to teach them to make changes in their homes, many more activities were communicated in a way that made them appear not as recommendations, but as requirements. Women were told by *Juntos* employees that they had to participate in nutrition demonstration sessions at village level, and receive house visits from the coordinator to check their progress on *Juntos*-recommended lifestyle improvements, which include vegetable gardens, removing animals from the kitchen, constructing latrines, indoor improved stoves (women often like to cook outdoors, or on open fires, as pictured below in Figure

3) and food storage shelves, and increasing the offer of fruits, meats, eggs and cheese to children, amongst others. Various *Juntos* employees explained that there had previously been a system where women were issued warnings if they did not put home recommendations in place, though no one where I worked was actually expelled for those reasons. In the early days of the programme there was a great emphasis on visibility, and women were provided red wool (the *Juntos* colour) by the programme, to knit matching sweaters to wear in the line up to receive their payments, and in parades. Local government authorities, through *Juntos* employees, ask that women march as *Juntos* recipients in parades for district level celebrations of national holidays. Marching is central to these festivities which are used to showcase the town.

According to village women, both marches and home ‘inspections’, as they call the visits, occur much less frequently now, but are still understood as obligatory. The *Juntos* coordinator told me that the home visits had been phased out, although I noted that women still seem to expect the ‘inspections.’

Figure 2: Marching on Flag Day



Figure 3: Cooking outside

Note: The child with the black jacket is my daughter, and my research assistant is in blue.

While in the village I observed that a variety of activities were presented to women as obligatory for *Juntos* participation, using variations of the phrase, ‘the *Juntos* list will be passed,’ which means that *Juntos* recipients would be checked for attendance and those absent would have a mark against their names (to remove marks, some women paid a fee, others who failed to would be told to represent *Juntos* at district level events, for example). The list was passed for a litter clean up in the village, upkeep of school infrastructure, attending *Qali Warma* (school lunch) cooking event, municipal Healthy Community programmes, as well as attendance at municipal government events in the district capital, amongst others. In some other regions, *Juntos* participants understood that NGO programmes affiliated with health care, such as nutrition vigilance systems, were part of *Juntos*, as NGO staff asked *Juntos* not to clarify that the link was more to do with shared goals, not an actual condition. Local state officials, government programme workers and other related actors organise work and interact with *Juntos* coordinators to insure the implementation of activities that are related to *Juntos* goals, making use of the participants in order to have access to rural women (their target audience) and to mobilise participation. This lead to intentional misleading of local women by regional, provincial and district level authorities and *Juntos* programme staff. In some cases, however, it was not intentional misleading but a lack of awareness of the phasing out of some more coercive aspects, such as the home visits: in several recent

cases I have heard that health workers think that women's subsidies will actually be cut for failing to carry out some of the extra activities, such as not building a latrine.

The presence of these extra activities is common to many regions where *Juntos* is implemented, but varies with how local governments and programme officials have interpreted the programme. The widespread use of *Juntos* to organise women for other agendas indicates the likelihood that this kind of practice was observed and overlooked by higher level government officials. However, once larger critiques of this type of 'labelling' or 'obligating' of the poor came to light, notably in the 2013 Peruvian *Cuarto Poder* television report,¹⁸ focusing on how in one region of the Andes *Juntos* recipients were required to paint their homes with *Juntos* signs, amongst other obligations, the central government reacted by issuing an official resolution to clarify the *Juntos* recommendations. (This roughly coincided with the creation of MIDIS and the social inclusion agenda of the Humala government). Towards the end of my fieldwork, this resolution was published on the *Juntos* website, printed out and handed out by *Juntos* staff to village *Juntos* representatives in meetings, and referred to on television and the radio. It re-iterated that the only legal conditions were to ensure children attended school, and for those under school age, to attend nutrition check-ups. The communication specified that no type of marches, fees or extra activities could be demanded of *Juntos* participants. This information reached Canaguilla. One woman told me that her husband had heard on television that *Juntos* cannot 'obligate things anymore...or make us paint the sign on our doors, they can't do that to the poor.' Despite the new declaration, I saw that women erred on the side of caution, waiting for over an hour for a state-run cooking demonstration to take place (although no one ever did arrive), said to be tied to *Juntos*, as communicated by the *Qali Warma* (school lunch programme under MIDIS) employee. Whether or not the information will trickle down into a change on the ground remains to be seen. During most of my fieldwork, *Juntos* was still assumed to include various extra activities for women, but the workload had reduced as compared to the earlier days of their participation. It is in this context that women describe the programme, as we will turn to below.

¹⁸<http://www.americatv.com.pe/cuarto-poder/reportajes/beneficiarios-del-programa-juntos-denuncian-condicionamientos-para-acceder-la-ayuda-social-noticia-192> Last accessed April 6, 2016.

3.2. Shaping Motherhood

In this section I will describe how activities introduced by the programme (both the legal health and education requirements and the additional behaviour change ones as well) were initiated with disciplinary pressure, but in some cases have come to be accepted by village women as normal, and not only because they were pressured to carry them out.

In general terms there is very little disagreement with the central points of the programme. The mothers who I met would send their children to school even without the programme's existence (though perhaps absenteeism would vary). Though use of the health centre is more problematic, it is accepted as a condition in exchange for the cash benefit. Aside from sending children to school and going to nutrition appointments (which include weighing and measuring, vaccination, nutrition advice, early childhood stimulation exercises, dental and psychological checkups, all scheduled according to age), women associate *Juntos* with monthly village level meetings where the local *Juntos* president (a volunteer mother from the village) relays information back to them gained from the monthly district level meeting, and with the trips every two months to pick up the payment at the bank in the provincial capital. Women clearly situate the payment as 'help' from the state to be used for their children. Despite rumours that sometimes circulate in other sectors (I have heard these comments from urban dwellers, such as teachers or policemen) regarding the money being used for buying alcohol or television sets, there is little evidence that this is true.

Juntos for local mothers, is highly associated with the work of the health centres, and specifically, the issue of malnutrition. Mothers are very clear on what the money is to be used for, and most characterise it as a useful, if small, contribution. 'Yes it helps, I can buy fruit. I can give a bit of money to my older children who go up to Raiminas to school. I can buy notebooks or pencils or shoes if they get used up. It is always a help, thank god' (Mari). Many felt it was not enough. 'It's a bit of cash in the hand. If I don't have vegetables, or some other food, I think, "Oh *Juntos* is coming, good, I can buy that," but after you buy everything you need, there is not enough left for the whole two months. It's only a bit of money, 200 *soles* finish fast' (Fiona). Women did not find the payment insignificant enough to opt out of the programme, however they did often grumble that it was a small fraction of what was needed to sustain their families, and

rated their own work, in animal husbandry, or in growing corn or picking prickly pears, as a much bigger source of income (though income is irregular and seasonal), contrary to national views of the '*facilista*' or lazy peasant who lives off government programmes.

Discipline and vigilance

Order and discipline have been emphasized since the beginning of the programme. 'Marching, checkups, meetings...' Olga listed the burdens of *Juntos* and half-laughed '*Juntos* will be with us, even as we die!' Often, women were pushed into action with threats of fines. The village level committee fined women who skipped activities, a system made use of by the district level *Juntos* coordinator, as those who were marked down as absent could make up for it by representing the village at the request of the *Juntos* coordinator. As I mentioned above, local governments expect *Juntos* participants to attend events, often to do with programme visibility. For example, before National Flag day, the district *Juntos* coordinator said,

'Yes, the Mayor said we are marching... There will be a fine if no one comes from your village.' Later, during the next district level monthly meeting for *Juntos* presidents, she was angry, 'I saw that on Flag Day, the women wore any clothes they wanted. They didn't wear what we agreed upon... Well go like that if you want, but I'm not going to note your names as present.'

Some women remember the pre-*Juntos* days fondly, resenting the time commitment the programme conditions entail. As Roda said, 'being a mother was easier in the past, now it's all full of controls, weight, height, all the time.' I asked Maura: 'It's a headache,' she announced with vehemence. 'They are always checking us. Evaluating my baby.' Women have indeed been cut from the *Juntos* programme at village level: one because her child was missing school and another for missing health appointments. But women do not usually complain about the two legal conditions. Most often, frustrations occur when *Juntos* is used by other actors to further the duties of participating mothers. As Lena explained, 'In the community when something has to be done, like cleaning the school or community hall, people say, "oh those mothers can do it, they receive money".' (Even though, as I explained, this was not legally stipulated, it was so widespread as to appear to be condoned as part of the programme).

Women complained about indignities suffered as part of the process, but most often in reference to the early period of programme implementation. However, complaints about treatment in the health post were still widespread. Nutrition checkups had become a regular part of life. By signing up for *Juntos*, women agree to attend nutrition appointments at the health centre where in some cases verbal abuse is meted out along with nutrition check-ups, by health workers who believe that their discriminatory language has a legitimate base. One health worker in a public forum asserted that anaemia in rural areas is due to ‘lack of love for sons and daughters.’ As we saw, some nurses think that fear helps people change, as a mode of discipline. That means that threats are frequent. As Maureen told me, ‘I went to the post and the nurse was getting angry with me: “your boy needs more food, liver, fish, he’s not gaining weight, I will tell *Juntos* to cut you off!” I tried to explain it was because he had a cough, then diarrhea.’ Threats are used by some staff as a mode of work. Jime complained about Flora: ‘she humiliates us, she criticises, “why did you bring your baby like this, change him, he will have malnutrition if you do that”.’ ‘Why does she say that?’ I asked. ‘She is bad-tempered, maybe someone brought in a malnourished baby and she got angry. And she doesn’t treat all of us the same. Sometimes she is mean to some and not to others.’ Jeni and Juanita, for example, insisted they have a good relationship with the nurses.

The dynamic of inspection

I was told that in the past the *Juntos* coordinator would come and visit the day after the payment and snoop in the cupboards to see what food had been purchased, and heard of a case in a neighbouring region where the *Juntos* coordinator was reported to have gone over to the pot on the stove, lifted the lid, and said, ‘This is what you are cooking? No wonder your children have malnutrition.’ Irena recalled: ‘The last *Juntos* woman was very mean. She never had patience for questions. Luckily she didn’t inspect much here. But they said she went to every house in Corugata and said, “How can you live like this, like a pig!”’ As I said, one particular measure, the home visit, has recently been phased out. However, the inspections remain very alive in people’s imagination of the programme. As a woman from the neighbouring village told me:

When there were going to be house visits, the women would stay up all night arranging their houses, worried, and so the next day the coordinator would say ‘Look, you cleaned everything! Next time I better come by surprise, to see how it really is!’ and once when she was going up the ladder to the second floor to

see the bedroom she fell and got mad and yelled ‘you should make stairs for your house!’ (Bella).

Clara showed me that the previous coordinator would greet her by holding her hand out, pointing it downwards, so just to offer her wrist to shake, implying that Clara’s hand was too dirty to touch. This particular woman was removed from her position, apparently due to the volume of complaints from villagers, who cite it as a victory.

Home visits may no longer be required by *Juntos* but this involvement of the state in people’s domestic space has been taken up by other child health and nutrition programmes. The municipal government along with the health services carried out the ‘Healthy Communities’ campaign (part of a larger programme in rural Peru, partially financed by international aid), which included surprise visits and contests based on house inspections. One woman felt that it had gone too far: ‘I was cooking and I saw a nose peering in the crack of the door, trying to get a look, she hadn’t even called out a greeting,’ Clara told me. She was ashamed that photos of her home, with her animals tied beside the entrance, had been published in a display in the district capital as an example of ‘before,’ as compared to her now ‘improved’ way of living. Another mother joked that the inspector was so eager to catch them at home, unprepared, that ‘he would be standing outside the door, trying to peer in, while we were still asleep at 6 am! Now he will surely say, “They are very lazy, still in bed, that’s why they are poor!”’ Vera laughed.

Now, a more benevolent, though paternalist, approach, can be observed in the village. Talks to orient and motivate women are favoured, by *Juntos* and health workers. The new coordinator, Sonia, is described by women as being more kindly. She is soft spoken and calm, and listens to women’s complaints. She is usually seen rushing between the city of Ayacucho and her responsibilities at district level, as women know she has her own small toddler who she is sad to leave behind as she travels for work. Even well-respected ones government workers referred to by local mothers as especially kindly did not shy away from a discourse that pointed the blame. At a village level nutrition demonstration session, Jorge went over the oft-repeated messages from the health centre:

‘Eat meat. Look, it says daily,’ he said, pointing to the chart, and emphasising that last word. ‘We are not saying weekly,’ he added, lingering on the ‘not.’ He speaks slowly and kindly. He carried on, and then asked, ‘Why do seven of ten

children have anaemia here? Does the child make the food? No! The mothers or the grandmothers make it!’

As well as increasing the interaction with *Juntos* and health system staff, the programme puts women into contact with other visiting professionals, who make use of the *Juntos* forum to present other programmes. One engineer, promoting a programme to renovate villagers’ homes, to introduce more durable construction materials, proclaimed, during his presentation in a *Juntos* meeting:

Poverty and health problems are not the problems of the *Juntos* coordinator, they are the problems of the beneficiaries. Why are there so many hospitals in Peru? It is because there are a lot of sick people, and this is because mothers do not feed their children well and they live in dirtiness. The illnesses come from the dirty conditions.

With these examples, here and above, I do not mean to say that this type of discriminatory language originated with *Juntos*, nor did the state’s interest in hygiene and nutrition, which had been the subject to much earlier interventions (Wilson 2004, Boesten 2003, Ewig 2010). Rather, I suggest that *Juntos* formalised these encounters, so that they became an everyday part of women’s lives.

In this sense, it appears that the state is legitimising this type of language or categorisation. Women are invited, or in fact pressured, to attend events where state employees talk down to them, including prejudicial language as acceptable. In Peru, poverty and malnutrition indicators overlap significantly with rural and indigenous language speaking areas (Benavides et al. 2010). This, combined with the way in which malnutrition and poverty are presented as individualised problems, means that state workers, in efforts to ingrain ‘responsibility’ have ample opportunity to slip these prejudices into their daily interactions with local mothers. Verbal abuse is in no way evident in all interactions; however, expectations of the need to ‘fix up’ the rural Andean rural mother are closely tied up with how public health operates.

Normalisation

The *Juntos* dynamic of inspection normalised the intrusion of the state into the private domain of the family. However, despite the atmosphere of intrusion and surveillance that hangs over how people describe the programme in the earlier days, most commentary in fact follows a very different line. Most women recognise that the

programme has evolved. Calls to march are less frequent, pressure to knit and wear matching sweaters has been dropped, as have *Juntos* house visits to check on latrines, gardens and kitchen conditions, for example (the responsibility of home visits is now part of health workers mandate, but they rarely carry them out, citing time as a factor). For most women, complaints relate to affiliated activities, such as meetings and work days, not the official programme conditions of health centre visits for preschoolers, and school attendance for school aged children. Of course, as I explained earlier, for the most part women understand these affiliated activities to be mandatory.

Over time women have come to show a generalised acceptance of the *Juntos* lifestyle recommendations, although they are no longer enforced. This can be observed in that women who are not participants in the program also adopt some *Juntos*-recommended measures, reminiscent of Foucault's technologies of the self. State promoted actions are taken up by the population, in line with a governance programme. *Juntos* is frequent in conversation as a marker of 'before and after', with women commenting that before *Juntos* 'we didn't know' about nutrition, or 'with *Juntos*' the latrines arrived. Most significantly, after seven years of the programme in the area, nutrition check-ups have become normalised, an activity now carried out not only by those participating in the *Juntos* programme, but by other mothers who do not have any official obligation. Both Linda and Zare told me that they go to the health post, just to see if their babies are fine, despite not being signed up for *Juntos* (one cannot because she is married to a municipal employee, the other is having prolonged difficulties getting her paperwork through). Through *Juntos*, the health system has managed to introduce new measures for what 'fine' means, so that height, weight and malnutrition now represent significant concerns for mothers. This habit of going to children's nutrition appointments is the new 'normal' for mothers in the village, indicating that the programme has had a huge impact in terms of bringing rural families within the reach of the state. Mothers also link the practice of hand washing, the tendency to save choice bits of meat and fruit for toddlers and the increased preparation of solid meals (rice and beans) as compared to traditional soup, to the *Juntos* programme. Nutrition behaviour will be discussed in further detail in the next chapter.

We have seen here that although women voiced discontent with the early aggressive intervention, and continue to be subjected to judgemental messages as part of the

programme, they have become accepting of the *Juntos* norms (of school and nutrition check-ups) and, as we will continue to see in more examples below, have begun to take up recommended nutrition and hygiene behaviours themselves. We can say, in summary, then, that the regimenting of motherhood has become a normal part of village life, and the discriminatory discourse with which these types of activities are often carried out is part and parcel of everyday life. Facilitated in part through the mechanism of cash transfer, the state has managed to normalise behaviours in a population larger than those who are actually enrolled. Families agree with this call to dedicate themselves to their children, and these discourses are woven into local values. Meltzer suggests that this process ‘normalizes particular forms of responsible citizenship’ akin to Foucault’s technologies of the self (Meltzer 2010:642). I agree that the *Juntos* programme lends itself as an example of this type of governance strategy in which individuals are to be shaped and disciplined, through evaluation and surveillance, with the expectation that this will lead to the self-regulation of their daily practices.

3.3. Shared Vision

Part of the normalisation of *Juntos* is that it fits into a larger tendency of progress in which rural families want to take part. Participation in *Juntos* fits with families’ interest in finding a new position within the national economy, reflecting desires that were already growing in rural areas, as communities start to feel that farming is not a viable way to earn a living.

Education as the way forward

Seated in a long row on big stones and temporary benches in the dusty, half-finished community hall in the village, we listened to the visiting *Juntos* social programme coordinator, as she finished her brief visit to the village. ‘Please, dedicate yourselves to your children,’ she urged. And went on to describe how her own mother, in a remote district, with six children, left alone with her land and animals, worked hard and made it happen. ‘All of us six have become professionals. It’s about sacrifice. Sacrifice yourself so you at least have your one last child as a professional... we are lucky those of us who have a child under three, they have a chance! Those above three, there is not much we can do if they had malnutrition.’

The term ‘professional’ is widely used to refer to salaried income, someone who has enough education to move beyond farming or manual labour as a way of earning a living, for example, a teacher, or a nurse. Sometimes this belief that rural people, if they

just try harder, can get out of their downtrodden condition, appeared to enable assumptions that rural families suffered from poverty due to their own lack of effort, and tied in with a discourse that linked the romantic forgotten traditions of hard work, with the new social programmes. One teacher, himself of rural background, said of his own previous neighbours: ‘They are lazy now; they can’t be bothered to raise chickens, they just buy eggs. They used to even weave their own clothes... how can we teach these people?’ He has removed himself from the rural grind through education and professionalism, gaining the right to lecture people on how to get ahead. Descriptions of rural people as dirty, uninterested, ignorant, as *conformista* (uninterested in change or progress) or *facilista* (living on handouts) circulate in the urban imagination and shape people’s description of their own progress.

Sonia, the *Juntos* coordinator, uses her own self (a professional) as an example of escaping the rural condition, due to her mother’s sacrifice. This suggests that social mobility is accessible, and that women can create a higher status future for their children. When I inquired why it seemed that everyone wanted their children to leave the village, Belinda looked at me as if I was silly and said, ‘To be professional, to avoid suffering. In the *chakra*¹⁹ life is very tiring, the body is really tired. You can’t study here.’ This vision of progress is shared by most families, but some manage to make use more than others. This resonates with the work of De la Cadena (1998, 2000) who has written extensively about the shift from racial discrimination in Peru to one based on education and economic success, as seen in Chapter 2, and how this was fed historically by denying the vote to illiterate people (Ames 2011, Degregori 1986). *Superación*, or the process of getting oneself ahead, improving oneself (Leinaweaver 2008) is a common expression used to refer to the need to get an education to move towards a better future. Rural people in a sense agree they have to take responsibility for overcoming their own low position. A responsible *Juntos* mother wants to have an educated child – a goal which the government promotes, and which families themselves see as the likely path to a better life, one of less sweat and more money. I suggest that *Juntos* is taken up in part due to the way in which it aligns with women’s hopes for an urban professional future as a way out of the ‘suffering’ of subsistence agriculture. When Eustavio left for the jungle, to work in the coca harvest, his wife explained,

¹⁹ This is a Quechua word referring to pieces of agricultural land, and it is used as a general term to describe the contrast between the two locations - the city versus the *chakra*.

That's why I want my children to be professional, so they don't have to worry about money – how much it costs to send kids to school and their transport and food and have them living far away. Then they can have a regular salary and not be so worried about money. You can't afford education just by farming.

Becoming a certain type of citizen

Families appeared to go along with the notions of progress, morality, and sacrifice that were tied in with the programme. The *Juntos* coordinator's speech at a district meeting points out the relationship between obedience and progress, and prosperity – their own, and that of the nation:

Juntos is for our children, so that they are not like us, so they become professionals, so they are more knowledgeable. The results of the social programmes will be seen in 10 or 15 years, they are not like a construction project. Some mothers are not obeying, and they should obey everything because it is for our children, so that they are not malnourished. Children are the future of the country. I think it's better to have a dead child than a malnourished child, because this child will not be a prosperous person in the future.

She is painting a picture of the obedient mother, modern and progressive, and excluding other paths, less worthy, that are far from the national vision. In her work on India, related to family planning, Ram (2001) points out there is a certain desirable relationship between reproduction and citizenship, for the state: 'individuals in the new India will come to choose freely for themselves goals that synchronise with the developmental goals of the nation, because both are impelled by the same rational subjectivity' and she explains, 'a certain view of rationality underlies and links the consciousness attributed by the state first to itself, as the planner of the nation, and then to its subjects, both as citizens and as carriers of a reproductive consciousness that is specifically modern.' This in turn excludes those whose reproductive consciousness is marked by other factors – caste, religion, ethnicity, patriarchy, even poverty – who become marked as 'irrational' (Ram 2001:111). Sonia, the *Juntos* coordinator, above, communicates that good mothers are in line with the programme, building themselves up as responsible citizens in nutrition terms, while others are left as a malnourished underclass.

Andean mothers in this sense come to be blamed for failing to assure their children's prosperous future, not only holding back their own families, but the development of the nation. This is similar to research carried out in Mexico, where women are not just held

responsible for their own children's health, but 'by essentialising mothers as the primary caregivers they are made wholly responsible for the welfare of the nation' (Smith-Oka 2012:2276). This aspect of how women become actors in national development will be discussed further in Chapter 5.

By calling out to the Andean mother, aiming to especially target those poor families in need of extra state support, assumptions grow up that blame families for their own condition. This type of view on poverty implies that poverty is derived from characteristics internal to the poor, without recourse to the structural factors through which their poverty is reproduced (Wood 2007:22). Other research in the Andes indicates, 'there was a clear trend to consider poverty as 'natural'; families 'should be able' to feed their children 'in spite of' their poverty'... the causes of poverty mentioned by the families of malnourished children included feelings of 'guilt' for not being able to do things better...' (Castillo-Carniglia et al. 2010:527). Smith Oka, in her work on maternity in Mexico, shows that notions of 'bad' motherhood circulate around those who share certain characteristics, such as being poor, single and uneducated, and this shapes the kind of service they are offered at the hospital (2012:2276). In Horton and Baker's research carried out with Mexican immigrant mothers in the United States, risk factors for children's health are again tied to origin, in which foreignness and immigrant status come to mean a lack of hygienic competence (2009:790). Mexican immigrant mothers, approached in an attempt to shape their assumed backwards behaviours (attached to their status as immigrants) into model parenting, are aware of the pitfalls of racial stereotyping they themselves endure. They attend parenting events and take up state advice: 'the state's emphasis on creating a 'fit' generation of young citizens thus dovetails with immigrant parents' own hopes' (2009:793).

It is useful here to take a look at Briggs and Mantini-Briggs (2004) work on the unsanitary versus sanitary citizen, explained in Chapter 2, referring to Venezuelan government employees' and other actors' explanations of high rates of cholera suffered by the indigenous population as due to their cultural practices and their failure as a group to conform to stipulated behaviours. The authors refer to the tendency to use race to explain the disease as 'medical profiling' (Briggs and Mantini-Briggs 2004:10). This perspective allows us to raise questions regarding the way that malnutrition and poverty in Peru is inadvertently racialised, and how problematic parenting coincides with being

rural, Andean and of indigenous origin. The fight against malnutrition is most visible at local level in terms of urging behavior change within the home, indicating that malnutrition comes down to cultural practice rather than larger structural factors.

Citizenship, indigenous origin and health-seeking behaviours become linked in programmes that seek out certain populations where structural disadvantage overlaps with ethnic and racial difference. Meltzer suggests discourses of ‘good citizenship’ found in programmes such as *Juntos* are also racially encoded, reconfiguring longer standing narratives in which citizen ‘fitness’ is intertwined with racialised social hierarchies (Meltzer 2013). Along Foucauldian lines, Briggs and Mantini-Briggs explain that some women manage to react, and regulate themselves, becoming ‘sanitary citizens’ while others are excluded, often whole categories of people on racial lines, tying citizenship to proscribed health behaviours but also broader moral, social, political, and cultural meanings (2004). *Juntos* is based on membership to the category of rural poor, which corresponds with a racial, historically marginalised one. At the same time, the programme invites families to, in a sense, re-make themselves as appropriate candidates to be part of the nation. Now I will go on to describe how and why women have indeed taken up these ideas and activities themselves at the village level, and how they manage these processes.

3.4. Removing Selves

How is this ‘backwards’ Andean category dealt with in the village? I suggest that women are able to overlook the negative stereotyping entrenched in state programmes to improve their parenting, due to their interest in gaining access to better status for their children. Visions of progress insinuate a move from indigenous to *mestizo* status, based on education, professional development and urban lifestyles. We will turn to look at how people locate themselves within this process.

In the village, we can distinguish between those who show participation, leadership or assumption of *Juntos*-type lifestyle measures, and those who are partially left at the margins, usually the women who live in more precarious conditions. All the women in the village are eligible for the *Juntos* programme (except for two whose husbands work for the state) and are targeted as poor because they are residents of a particular rural region of the Andes. They acquiesce to category membership, aware of what it can

bring: I heard Irena laughing ‘we are all poor!’ as she rushed to sign a sheet for government subsidised materials to be provided for the poor. Yet when I asked them what *Juntos* was for, I received a comment, ‘it’s for the poor... some women have nothing,’ distancing themselves though they are recipients, and directing my attention to certain very vulnerable women, such as Bella whose husband had left her for a new wife in the jungle, and who was only living in a rented home, with no land. As I started to explain in Chapter 1, I began to see village level differentiation, in how women spoke about themselves and others, within the larger state-given category, of ‘rural poor.’ I observed that there is a ‘participant’ type mother who is more likely to embrace the activities, ranging from offhand matter-of-fact acceptance to a more performative enthusiasm. The participant-type women prefer to describe the activities as easy, positioning themselves in a certain light. In this section we will talk about how recommendations are followed, in that they pertain to a vision of the future shared by local women and that, by taking up *Juntos* ideals, certain women manoeuvre past the low status category within which *Juntos* has located them.

Narratives of self-making

Some women repeatedly described *Juntos* as ‘easy’, or ‘for our own good’ referring to the large package of *Juntos* recommendations (that are not conditional but were initially presented as such and, as I said, have not yet been convincingly clarified as recommendations, rather than obligations). I suggest that is part of an image that women prefer to cultivate. Ana told me, ‘It’s no problem for me,’ referring to *faenas*, assemblies, the improved stove, the ecological refrigerator. ‘It’s only a problem for those who don’t understand. For those women it’s difficult.’ She told me that the previous coordinator was only difficult for the women who ‘do not comply. They say she was bad because she was strict, but it’s because they don’t listen.’ Later I was told by the previous village *Juntos* president that Ana was actually one of the few women whose payments were cut: ‘She was often suspended for not fulfilling requirements. Her boy was off pasturing animals. She wanted to just receive the money. She did not invest in education’ (Vera).

Several times, when I hinted about the *Juntos*-related work load, women would respond ‘but it’s for our own good!’ Irena made this comment on various occasions, pointing out the improvements she made in her house. This ‘for our own good’ statement, along with

‘it’s easy’, appeared to be about presenting oneself in a certain pro-*Juntos* responsible light. These ‘participant-type’ women demonstrate how they have become experts at ‘self-management’ (Shore 2012). This can be seen as an example of ‘conduct of conduct’, or the ways in which human conduct is directed by calculated means (Dean in Gupta 2001) as people progressively organise themselves along the ideals of those who govern. However, in some cases it seemed conscious and performative, a way of showing alignment with the narrative of the state, rather than an indication of the pervasiveness of a governance strategy (see Rose et al. 2006). For example, Juanita, a woman recognised in the village for cooking with nutrition in mind, complained to me that two times she had gone to a supposedly obligatory cooking demonstration, and two times it was cancelled, and said, ‘I’m not going to bother going next time, it’s a waste of time.’ Her husband Eustavio glanced at me, concerned at the attitude she was demonstrating, and gave her a reprimanding look, protesting, ‘But it’s for our own good!’ On another occasion it was Juanita’s turn to play up the role of the good mother, when, at the end of a nutrition talk held by a new health worker, she asked, ‘Please, nurse, remind us about hand washing.’ I have often seen her wash her hands and I know she has heard the hand washing explanation during countless nutrition sessions over the years, and so I was surprised to hear her make the request.

Research carried out by Galvez on Mexican immigrant mothers to the United States brings up interesting points about performance, citizenship and motherhood - in having a baby women enter into a regime of surveillance that subjects them to host of new criticisms and judgements as they are no longer seen as a potentially productive citizen (able-bodied labourer) but as a consumer of public resources (pregnant and claiming health care from the state) (2011:165). She describes how they must show they are poor, to gain financial aid, yet that they are worthy (providing a crib, according to American parenting practices) or they will be subject to increased vigilance, so ‘...families become ensnared in a tenuous cycle of performances of need and performances of capacity’ (2011:152). They become complicit in performance, like Juanita above, in her effort to demonstrate her willingness to play a certain role.

Part of the narrative has to do with overcoming obstacles and putting poverty in the past. The couple mentioned above (Eustavio and Juanita) believe that professionalism is accessible. Juanita’s son, at school in the city, told me he had learned how to behave

differently, ‘At first I couldn’t speak... I learned how to express myself’ (referring not to his language skills, but how to speak with confidence or style). Juanita already warns her sons never to be prejudiced against farmers, to bring toys back for village children, and not to forget their roots. Vera too, who is the most outspoken in terms of upholding the *Juntos* recommendations (she acted as president for five years) is very proud that her children are in further education (at considerable cost to the family) and links this directly to her own perseverance and sacrifice in order to offer her children something more.

My father died when I was five years old and when I was six my mother went with another man. She gave us away, one to Lima and one to the jungle, and left me with my grandmother. When I was old enough, I looked for my sisters and brought them back. We lived alone, the three of us. I worked to look after my sisters... I only had one sweater, and when it was dirty I washed it and during the day it dried and I put it on again in the evening... we walked barefoot, we didn’t have shoes. Mostly we ate corn soup, wheat soup, *yuyu picante* (wild greens), but little meat. I never even set foot in the schoolroom. My father had said that when I was six I was going to go to school. I am not interested in my mother because she didn’t educate me. I tell my daughters to take advantage and just think about their studies, don’t think about the *chakra* [field]. I am going to leave them inheritance here, in the head. [She said, pointing while she spoke].

Many women shared stories with me about how they had overcome poverty, suffering and food scarcity. Some also described a ‘before and after’ in terms of parenting style, demonstrating how they had taken up new values, as compared to their parents. As Mari recalled:

My grandmother sent us to school only with *canchita* [roasted corn kernels], and was always asking us to work in the *chakra*. I say to my grandfather, ‘they didn’t educate me. That’s why I’m here suffering in the *chakra*.’ Before, they didn’t worry about education. I went with one notebook, divided in half for two courses. It makes me feel bad when I think about my education. Maybe I would have been something.... I tell my daughter, ‘In my time do you think there was food waiting when I got home from school? Do you think there was food ready in the morning before I went to school?’ so I tell her, ‘take advantage.’

Her husband later added that he and his brothers and sister had to hide in the fields at night, when his father had drunk too much and became violent, expressing that his generation had learned to be better parents.

I suggest that these recollections serve to exemplify that the negligent rural Andean parent, so alive in the nation’s imagination, are a thing of the past, that parents aim to

show themselves to be ‘other’ than the category that *Juntos* targets. Klenk, in her work on subjectivity and development in rural India, found that women managed to accommodate and contest the ways in which the gendered discourses of development locate them as marginal, ‘problematic’ subjects of an ‘underdeveloped’ nation-state (2004:61), and to ‘reconfigure the category of underdeveloped woman’ somehow always displacing it onto someone else or somewhere else, or a different point in time in life (Klenk 2004:70). With the confluence of the targeted vulnerable poor, the stigma of rural life, and the steps to re-make oneself as a progressive citizen, it seems clear that those who are targeted would grasp the opportunity to shift their own position and to demonstrate their understanding, to avoid being left behind in an ‘unsanitary citizen’ type category. Perhaps these narratives of the past, and the contrast with their own parenting now, is part of what Aihwa Ong calls ‘self-making and being made’ (1996 in Galvez 2011:24) or, as Galvez mentions, a process of making strategic improvements to their lives by managing their reproductive practices (Galvez 2011:24) - or in this case, the way they speak about their parenting roles. In this sense they are ‘socially productive’, a term Mayblin uses to describe women’s narratives of suffering in Santa Lucia, Brazil, where expressions of suffering can appear as performance, or as a genre of speech (Mayblin 2010). Mayblin explains how women re-live, and thus make productive, their suffering (2010:73). I suggest that the many variations on a narrative of overcoming that I heard in Canaguilla can be seen as a productive process that helps women make a place for the descriptions of dirty or lazy mothers that reach them through those who are sent to ‘improve’ them, so they use those terms to frame their own past against which they demonstrate their difference, or how they have changed, by using criteria learned from external actors to position themselves as responsible self-made mothers.

Differentiating selves

As well as distinguishing between their own previous lack of knowledge and their current parenting, many women also draw a dividing line between those who know and those who do not.

There are mothers who don’t have capacity. A lot don’t go to trainings. Last time they didn’t go to the cooking session. I went before, I even went to Raiminas. It was obligatory for pregnant women to go to trainings at the post. We had to bring food and prepare it there (Nora).

Many women complained that the nutrition sessions were repetitive. I asked a mother why the sessions are repeated again and again, given that many women said they had already heard the information:

Because we don't change... From the post they repeat because they see that there is still malnutrition. The nurse wants us to remember. But the young mothers don't come to the meetings. Just the ones that already know, but they are saying that they aren't going to anymore, because their kids are already big (Juanita).

I have heard criticisms too of those who should know, but don't act on the lessons,

'Mari has an improved stove, shelves and all, but still she is cooking outside and her kids are touching dirt and eating with dirty hands,' said Vera. She pointed out that some mothers are indeed very responsible. 'Juanita is good, she is always feeding them lentils and salad.'

Women echo the blame evident in public health discourse: that if only the others would pay attention and put the effort in there would not be malnutrition. Although some mothers recognised that a few women were in especially vulnerable conditions (usually because of lacking land, or having a violent husband), it was more common that they expressed that children's malnutrition was related to a lack of effort on the part of the mother, rather than lack of resources. I asked a single mother if malnutrition was really about lack of knowledge as she had suggested, or more about lack of resources. She said, 'Oh, they can do it, they can raise chickens, or guinea pigs.' They think that other women can pull themselves out of the problem, especially since they themselves have managed. Most of all, this kind of talk seemed to have a place in their own narratives of having managed to get ahead.

Juntos and the health system have served to enable women to gain recognition and to differentiate themselves from the rest, in some cases. As I said earlier, some women report a good relationship with health post staff. After her visit to the health centre, my neighbour Belinda told me, 'They congratulated me. Iris is fine, in weight, height and hemoglobin. I was happy all the way home. They said I am the only one who cares.' Maura too has received praise for her baby. This is something new for her, as having a fat baby has turned her status around:

They are happy with my baby. Dr. Flora stays even if she is just about to go out for lunch, and says 'oh, first I am going to weigh my little fatty'... She yells at the others, when their babies are low in weight and height. They always yell at

Lena. They also yelled at me with my previous two children, because they were thin.

Vera told me in more detail of a 'before and after' in terms of her leadership and status, and how she moved from being one of the 'masses', at the very beginning of the *Juntos* programme, to gain some respect by serving as *Juntos* president.

'In the post they looked down on us. I was waiting for three days with my baby. I was humble, quiet. I went at two in the morning, I waited. At the start, 400 women at a time had to go.²⁰ My husband said "don't keep going!" Because I was humble and quiet, they take advantage!' She described how they were crowded into the centre, but they weren't called in for appointments, and after hours of waiting the nurse would close the door saying that they wouldn't attend anymore that day. Then she spoke about how that had changed for her. 'Later on, I brought bread, prickly pear, to the doctor, and I was let in, and the doctor would say "Oh how are you, my dear," and to others she would say "just wait!"' Vera imitated the switch from a sweet to a gruff voice. She went on, 'now they are very nice to me... Now Dr. Flora respects me. It's because she saw me speak when we went on the field trip with *Juntos*.'

She distinguished herself through her participation in the *Juntos* programme, where she demonstrated her knowledge and leadership.

At the other end of the spectrum, it is expected that nurses chastise women who don't go along with recommendations, and who have malnourished children. An older mother, Jime, spoke to me of her frustration that she didn't feel adequately recognised as a good mother:

She yells a lot at Lena, she says 'why did you have this malnourished baby, better not have a baby at all, how do you live like this, how can you have your baby like this' and gets angry. But why does she yell at me, if my baby is different? She does not distinguish between Lena's baby and mine; she yells at me too.

Women act to cement a hierarchy, demonstrating their own mastery of proper parenting by making recommendations to other mothers. At the local level some women create a replica of the *Juntos* policing approach. Vera remembers, 'I had to inspect houses, to see how the women were doing. The coordinator only comes one or two times a year. I was president for five years. People are not going to pay attention to Trina [the new president]. I had to pressure them lots... people are lazy now.' On several occasions I heard women suggest that others be 'punished through *Juntos*' for different

²⁰ She is making mention of the initiation of the *Juntos* program.

misdemeanors, such as not bringing children to pre-school, or failing to attend the cooking demonstration. ‘There are women who do not obey, they do not comply, there should be sanctions’ (Trina). Some women are seen to be in need of reprimanding. Jeni told me,

Last time at *Juntos*, Lena went to get the money and went directly to the car, so I told her, ‘at least buy food for your kids’ and she went and bought 1 *sol* of mandarins and 1 *sol* of oranges. She didn’t buy meat or anything. I don’t know how she makes them eat. They say she cooks in a big pot, but maybe she cooks without much food. Maybe she doesn’t add carrots or spinach. Her kids are used to not eating at midday because she goes to work and leaves them there... Lena sells the eggs she has, doesn’t give them to her kids.

I found it significant that Lena has come to serve as a sort of scapegoat, a nutrition failure against which those on board can measure themselves. On one occasion, the pre-school teacher told us in a hushed voice, as we waited for the parent-teacher preschool meeting to start, before Lena arrived, ‘Her son sleeps in class! She only cooks him soup, not *segundos*,²¹ she doesn’t even buy him fruit!’ (Women have been taught that fatigue is a sign of malnutrition). Then the formal meeting started, and the topic was dropped. Later the pre-school meeting melded into a *Juntos* meeting, and many more women arrived, almost 30. Afterwards, the pre-school teacher stood up again, to a much bigger audience, Lena included, and repeated her earlier message that mothers must send food to pre-school with their children, and again made a pointed reference to Lena’s situation: ‘A boy is sleeping during school. His mother doesn’t cook *segundos*,’ eliciting a shocked ‘ohhh!’ from the listeners, as if it was a disgrace.

It was not only unusual for this very quiet person to repeatedly speak out, but also for a mother to be publicly singled out in this manner. Mothers use the learned concepts to position themselves. In this sense then, *Juntos* has contributed to a public view of what is a good mother, which is used to distinguish oneself from the mass of poor women targeted by the programme. One’s own progress is more visible if it can be contrasted with others’ failures. The governmentality approach suggests that this type of programme and the techniques entailed enable the ‘unloading’ of public services onto empowered and ‘responsibilised’ selves and communities who are thereby ‘made complicit in the contemporary workings of power and governance’ (Paley in Gupta and

²¹ A solid meal of beans and rice or pasta as promoted by the health centre as more nutritious than soup.

Sharma 2006:21). As I suggested above, malnutrition in some sense can be seen to be set out along racialised lines, as Briggs and Mantini-Briggs described for cholera (2004). And, as Meltzer observed, the discourses of ‘good citizenship’ found in programmes such as *Juntos* are also racially encoded (Meltzer 2013). I find that women realise this and make use of it, presenting a responsible self, in a conscious manner, moving themselves out of the categorisation by aligning themselves with the state-recommended norms. Thorp and Paredes, working in Peru, found evidence of the way in which people actively demeaned those who represented links to their own rural past, showing that prejudicial attitudes are reproduced inside groups. They describe the way some people gain higher status by socially punishing those below, suggesting this undermines group interests and the possibility of collective action (Thorp and Paredes 2011). This need to distance oneself from a rural past has also been theorised as an explanation for verbal abuse observed in health workers (Diez Canseco et al. 2003). The irresponsible mother category is not only handled by state workers, but, from what I observed, is passed into hands of village mothers, to carve out distinctions at the local level.

As I said earlier, this can involve a performative aspect. Authors have critiqued the way in which government extends to intimate spheres, intervening in women’s homes, their bodies (Lazar 2004), and in this case, those of their babies, yet I have seen how some women have gone along with the public display of their domestic lives, as they know they will come out winning. They make use of the inspection dynamic, and it becomes a kind of performance. For example, Vera and Juanita actually proposed a house inspection competition, for families participating in an anaemia awareness group. They suggested that municipal authorities, NGO staff and health workers be invited to judge women on their vegetable gardens and the organisation of their kitchens. My neighbour Belinda, very enthusiastic, told me ‘I am really good at this kind of thing’ and set to work, to make her home look good. She got me to help her pull up her father’s still tiny potatoes in order to quickly plant half-grown lettuce that she took from her sister’s garden, and decorated the rows with a hand-painted sign about eating vegetables that she took from the school. She got her brother, home from university, to take a pick-axe to the low adobe benches attached to the walls in the family kitchen in order to use them to fashion a special shelf for her daughter’s fruit, and she locked the chickens up in a

little dark hut for a few days, to safeguard the lettuce. In the end, Juanita, one of the initiators, won the contest.

For some, then, use of the health system and the *Juntos* recommendations serve as a marker of pride. Women display themselves as responsible mothers, through nutrition behaviour. This can indicate the type of self-management implied in a governance strategy, or perhaps reflects a more conscious manoeuvring, making use of a path currently on offer to avoid being stuck in a lowest status category, one not invented by *Juntos*, but with deeper historical roots. These women's actions can be imagined in the context of intentionality (Ginsburg and Rapp 1995) or awareness, a consciousness of not just how things are but of how they could be (Maitra 2013) as they make use of the *Juntos* programme and affiliated activities because they link them to a different future for their children.

3.5. Cracks in the Shared Vision

Over time I began to hear of some of the pitfalls in the process, or cases in which *Juntos* seemed to actually get in the way of families' path to improve their children's future, or where it could be said to frustrate its own goals of social inclusion and breaking the cycle of poverty. In some cases, people felt their family's progress was in fact limited by *Juntos* conditions. While their actions are in line with those recommended by the state, I have found that their self-making projects are often more expansive than what the state expects of the rural poor.

Migration for school

One particular example can be seen in the case of their educational goals. Women had been told by the *Juntos* coordinator that their children must study in the village school, as *Juntos* is aimed at rural families. However, families often aim to send their children, usually those who are at least 12 years of age, to nearby cities, even if they themselves remain in the village. Families are convinced that students receive a better education in the city, and some, such as Juanita and Eustavio, have made considerable efforts to raise money so that their secondary school-age children can live alone during the week in the city, in a small house they constructed on the outskirts, to attend school there. One day Eustavio, a man most often at pains to demonstrate that he is on the side of progress and

the state, complained to me about how *Juntos* had cut their payments because they had sent their children to study in the city.

It makes me so angry, how they order us so much here... they halted our *Juntos* payments when we sent Guillermo to study in Ayacucho... but then I realised, they are educating us... to be clean, to have different beds for parents and children... We bought land in Ayacucho because we were thinking later when our sons go to university they will need a place, so we bought a lot to build on. But the *Juntos* coordinator didn't understand that... Sometimes I think they want to keep us down, telling us, 'I will help you, I will give you your 200 *soles*, but stay down there, in the countryside.'

He is caught between showing allegiance with the goals and lifestyle recommendations taught by *Juntos*, and his frustrations that the family was cut temporarily from the programme when they enrolled their children in school in the city, instead of the village. He said that his children even benefit just from being around urban families, from reading the newspaper, and from friendships with children whose parents have jobs other than farming.

In another case, an elderly lady, with an invalid husband, who migrates to pick coca to pay for her son's education (he attends secondary school in the city, rather than in the nearby district capital), asked the *Juntos* coordinator to reconsider her suspension. This was denied, unless her son returned from the regional capital, to study at the local secondary school. Her daughter Belinda laughed and said to me, 'Ha ha ha, my brother is not going to change back just for *Juntos*!' asserting in this sense that the family would rather forego state support than relocate her brother back to the rural area.

The programme was in part put in place to assure rural children have access to education. Yet when their families take extra steps to put them into better reputed urban schools, they are stepping outside of the system. *Juntos* employees find themselves in a bind when faced with these types of contradictory concerns, as I will discuss below. Also, in Chapter 5, I will comment further on the extent to which this mobility for education fits into people's notion of progress.

Economic priorities versus *Juntos* 'obligation'

On several occasions I overheard women say 'oh well they can just kick me out!' when it seemed that the *Juntos* conditions (not simply the legal ones but also the extra

activities that appeared as obligatory) were getting in the way of their own work, suggesting that they saw the support as meagre compared to their own economic roles.

The emphasis on women's domestic roles appeared to be contradictory to women's self-definition as economic actors. As I said earlier, Sonia, the *Juntos* coordinator, urged women: 'dedicate yourselves to your children.' This is very much what they want to do, but this duty extends far beyond the domestic sphere. Nilda explained:

A good mother watches out for her son.²² How to feed him, dress him, give good studies. How to have a professional. That is my goal, to have a professional son. I have stayed as a farmer, but I want my son to be professional. I have to work to feed him.

State messages focus on the role of the mother in the home, as a provider of good nutrition and hygiene. Their significant productive activities are often invisible to outsiders, which causes misunderstanding and judgement. One mother tried to bring this to a health worker's attention during a nutrition talk in the village. As Hilda, a nurse who speaks in a kind and friendly manner, started her exchange with the women, about the frequency that children need to eat different foods, it was evident that several of the women had detailed nutrition knowledge, learned in previous sessions. Then I heard her engage with an issue that I had spoken to her about earlier, which seemed to be puzzling her: if they did indeed already know about the nutrition information she wanted to impart, why weren't they acting upon it?

'I know you know [about nutrition]... so think about it, truthfully, do you really dedicate yourselves to your children?' she asked. They murmured. Hilda tried again, 'Ok so you know more than I do, you even know how to bring a child out of malnutrition... but tell me, who is more important, your children or your animals?' So Vera answered her, 'Both are important! If you don't have animals, how are you going to feed your children, hunting grasshoppers, or little birds? When you have animals, you kill them, and you feed your children! Or you sell them to buy food.' The mothers laughed. The nurse repeated that rural children suffered from neglect, while the mothers expressed good natured disagreement and commented that they were doing their best.

This illustrates well the point I would like to discuss in this section – the way in which misunderstandings grow up in relation to women's childcare decision-making, which does not appear to the health nurses to correspond to the nutrition knowledge gained by

²² She is describing her own case in particular, as she has one son. At the same time, in Spanish, the male gender (son, sons, or he versus she) is used to refer to children in general, and I did not find that parents outwardly expressed more support for their sons' versus their daughters' professional futures.

the mothers. This is because their priorities as mothers mean that following nutrition recommendations is merely one aspect of a very full day dedicated to ensuring the family gets ahead, in precarious economic conditions. In some cases, this reality appears invisible to health workers. As Vera pointed out above, it seems self-evident that women have to prioritise animal husbandry, in order for the family to eat.

Women expressed frustration when the overload of *Juntos*-affiliated activities got in the way of their own daily workload. This is especially true for women in vulnerable circumstances, for example those without land or alone, who work as day labourers in the fields whenever possible. One woman was more informed than the rest about the source of the pressure. She pointed out to me,

For example, sometimes they say that the mothers have to go and march. The state doesn't obligate that, the coordinators or the presidents do. It's not right. If mothers are working, they have to leave their work. Or they have to go to obligatory *faenas* or training sessions, leaving their work, using up their time (Eli).

Women manoeuvre within a double bind situation where scarce resources have to meet not just food needs (which have shifted to due to influence from the post to include more regular animal protein) but also the increasing costs related to education (usually financed through selling animals), and at the same time they now have less labour on hand to help them with production, as children are in school (Del Pino et al. 2012).

Women are not contesting the instrumental nature of government programmes that target women as mothers in order to build a better next generation of Peruvians, but do contest the assumptions about what 'responsible' actually means. While nutrition programmes focus almost exclusively on children under three, Roda told me, 'I worry more about my bigger ones, they are students. They are off alone, while the small ones are always around you, you can be sure they are okay, but the others, you never know what could happen.' Women with older children lose more sleep worrying that their children in the city run out of food during the week, than correctly following nutritional requirements for toddlers. Women get caught in how to simultaneously manage multiple definitions of 'good mother.' The state targets women for their domestic and reproductive qualities, locating them at the centre of what Lock and Nguyen have called a 'sanitized domestic sphere' (Lock and Nguyen 2010:162) centred on childrearing and hygiene, influenced by a new understanding of biology which had entered into

European model households in the form of new standards and was then aggressively pursued in the colonies, to ward off unhygienic local practices (Lock and Nguyen 2010). *Juntos* created an atmosphere in which state support was seen to be tied to numerous obligations, and required a willingness to allow the state to intrude on domestic life. Jeni, for example, is always checking that her children brush their teeth, wash their hands, wear a jacket when cold and that they study instead of watching too much television at their grandmother's house. She was eager to show me how she had made the *Juntos*-recommended changes in her home, with curtains up, closed shelves and an improved stove. She struggled to negotiate the life she wanted to give her daughters, supervising them closely, with her economic responsibilities, which meant travelling to work in the jungle, leaving them with their grandparents for several weeks. This was the norm when she was young:

My parents both travelled, back and forth. We were used to it. I just stayed with my brother... That's why I want my whole family to be together. I have to go next week to check my coffee but I want to come back for the parade, or who will braid my daughter's hair? My mother can't do it like I can.

Exclusion of the poorest

Balancing these responsibilities is most problematic for women in vulnerable situations – those who are poorest, landless, isolated, or suffering from domestic abuse. Some women have much less space for manoeuvre in the face of these types of state expectations.

We saw above how a village scapegoat was created. This woman, and several others who also face particularly difficult domestic conditions, are still participants in the programme, but are very much at the margins. They do not take voluntary positions, often miss meetings, and don't take up the 'for our own good' talk. These women's lives elucidate the contradictions in the *Juntos* programme, in that in some cases it serves to exclude those most in need. For example, in the earlier phases, there were some requirements that the women with the least resources did not know how to negotiate. As Fiona remembers, 'It was difficult.... if you live in a rented house you can't easily grow a vegetable garden. She [the *Juntos* coordinator] yelled at me.' In the rural Andes, women with rented homes and no land are usually the poorest, and they are the ones who either cannot invest (because it is not their property) or do not want to invest in changes in their rental homes, such as preparing stoves, gardens or separate

rooms for children. One teenage mother was not a member. She had to move often, following her husband for work, as they had no land or regular income. Another migrant returned from the jungle was excluded because she had never managed to get an identity card, as her birth certificate was lost in the war.

One villager, very active as a leader, told me that she was worried about what *Juntos* meant for especially poor women.

Before, I was secretary of *Juntos*. We had to make ecological refrigerators, shelves, and improved stoves. But, for example, in Lena's case, to make a fridge you need poles, and where is she going to buy them? For shelves, where is she going to get the wood? When *Juntos* went to her place, they didn't find those things, so they yelled at her (Nilda).

Home visits are being phased out, but there are different ways that inequalities have arisen. I described above how Jeni often travels to the jungle to look after her coffee plantation. Her husband works on a road crew. She is often absent from *Juntos* meetings, and simply informs the local village *Juntos* president in advance and pays a small fine, and has never been called 'irresponsible.' Lena, however, who I described as a scapegoat, is criticised for missing meetings. She, with her Down's syndrome child and an invalid husband, ended up having to use her time to fulfill additional *Juntos* obligations, being chosen to represent the village at the district level flag raising ceremony, for example, rather than pay fines she owed for missing meetings, like the mothers who have more income can do.

However, these do not represent the most pressing obstacles for women of scarce resources. Even Lena herself said to me that she found the programme much easier now than in the past. Although Lena shows frustration with the programme, in part by repeating rumours that link *Juntos* to the antichrist, and to foreigners wanting to steal babies,²³ she also said that from the early days she was pleased to sign up, and that it was the only money she had to make sure her son went to school. Maura, a woman of very scarce resources, with an abusive husband, whose older children all suffered from malnutrition, called *Juntos* a 'headache' but asserted that her new baby is fat because she made use of *Juntos* and ate well during pregnancy. In most cases, the problem rests

²³ Lena told me that she had heard those rumours about the programme, and still showed some doubt about the real motives of its existence. (See also Piccoli 2014). These types of fears were mentioned by two other women, but within a laughing description of their early suspicion of the programme.

more in how they have been tied into a health service from which they fear verbal abuse. Some health centre staff feel they can punish mothers through the *Juntos* system. Because Lena's Down syndrome baby was significantly malnourished, she told me that she was yelled at in the health centre.

There was a doctor who yelled at me a lot when my baby didn't gain weight, and they wanted to take all my children away. She yelled, 'why do you have so many children if you aren't going to feed them well?' That's why I didn't want to go back to the post. I went home crying, I was scared.

Her *Juntos* payment was duly cut, as she had not fulfilled the required appointments, furthering her vulnerability. Of course, this only occurs in a few cases - as we saw above, many women have managed to re-shape their relationship with health workers. They are the ones whose children are healthy. However, the mothers of malnourished children, the ones that cannot become model parents, appear to be at risk of further marginalisation, an issue we will further explore in Chapter 4.

This leads us to see how in some sense conditionality can represent a risk for the state, in its effort to move towards a more inclusive society. Even though they face discrimination, women will continue to visit the public health service, even if just for conditional nutrition check-ups rather than cases of illness (as we will see in the next chapter). The health service has a ready audience, and doesn't have to rely on offering a respectful service to keep it, letting dissatisfaction remain hidden. The inherent tensions of inclusion and exclusion (Lister 2007) are a challenge for state policy, as some people in need fall through the cracks in the state safety net. Women themselves have also begun to manage the boundaries, positioning some as less worthy for inclusion than others.

Fatigue of the 'good participant'

Some of the frictions mentioned above raise question about how even those in line with the state's responsible citizen discourse, the type of rural person the state aims to create, find holes or contradictions in state policy aimed at supporting their efforts to get ahead. The Peruvian government is trying to move deliberately from aid for the poor to a rights-based dialogue. As the new Minister for Social Inclusion stated in a newspaper interview, there will be 'no more services for the poor, but for citizens...' (Meltzer 2013). However, as we saw in an example above, poor families want access to a better

education, but have been denied financial support from *Juntos* when they try to make it happen. If they act beyond what is expected of the targeted poor, they are penalised. When I mentioned the elderly woman's example to a MIDIS official, how she was overcoming significant costs to try to fund her son's education in the city but cut from *Juntos*, he suggested that the programme is 'not for this type of woman,' placing her in fact beyond *Juntos*, perhaps having managed to move herself out of the appropriate 'poor' category. We saw, too, that *Juntos* was temporarily denied to the poorest woman, as she refused to bring her malnourished child to the health centre. Children of people said to be alcoholics in the next village over are also reported to be excluded from the programme, as their parents do not manage to organise the requirements. Then who exactly is the programme for? It is not for the participative types, who want access to better schools, but not for the most vulnerable ones, either. These cracks in the shared vision enable us to see that people's self-making projects don't always correspond to the static categories of state programmes.

It is interesting to look at state notions of participation and citizenship in this light. As mentioned in Chapter 2, often participation in public health is limited to invitation in pre-defined spaces without real voice in the agenda (Cornwall 2002, Morgan 1990) and Ewig explains that in Peru, state goals in health still rely on women's unpaid work, reifying unequal gender relations and suggesting women's time is free (Ewig 2010). Public sphere activities tied to health and education, such as meetings and trainings, have greatly increased. For 'participative type' women, there is a fine balance between wanting to be a good citizen, demonstrating involvement, and avoiding activities no longer deemed to be useful.

Women have become aware that in some cases their participation is needed so that state workers' activities are successful. Mari and Vera were often called upon by state workers as volunteers. Once, when I went up to Mari's house, and asked her about a provincial event organised by state and NGO workers to promote iron-rich local foods (Mari was known to have experience cooking traditional dishes, through the AAH project), she told me, 'Rosa [an NGO worker] called me, almost crying, wanting me to be in it. The *Cuna Mas* woman called me too, asking me to participate. But I have to go to work!' she worried, mentioning her animals and her short term manual labour job. Without local women representing traditional knowledge, the event would fall flat. In

the past, Vera often travelled to participate in *Juntos* workshops. Her husband asked her to quit, after years as *Juntos* president, complaining ‘You are always going places and they never give you anything.’ Soon after, she agreed (without much enthusiasm) when the post director suggested her as the volunteer group leader for anaemia activities at village level, but participation was very low, and she was tired of calling meetings and then having to wait around. Both Vera and Mari are ‘good participants’ in terms of knowledge and leadership, yet they are getting tired of pushing activities on behalf of the state, when women are reluctant to continue state activities of repetitive and dubious quality. They commented that *Juntos* should be used to make other mothers participate, rather than always the same active ones. However, on other occasions women showed that they were tired of the way the programme was used to tie in new activities. In a different example, during a district *Juntos* meeting, the new employee of the second phase of the Healthy Community programme gave a presentation of the next phase of the programme in which she urged the *Juntos* volunteer presidents to help her arrange meetings in their villages to get activities started. After she had left, some outspoken *Juntos* presidents hinted they would leave *Juntos* if the municipal Healthy Community programme was tied to *Juntos* in their village. One said: ‘They already visited us. We did not accept the project. We already know how to look after our kids.’ Another complained, ‘They scare us with *Juntos*. They told us that if we don’t participate, they will cut us from *Juntos*. Sometimes I think it would be better to leave.’

The *Juntos* programme, both locally and by state workers, has become overused as a system to get women to do things. Women become tired of showing good citizen behaviour when it goes too far. Participation has come to mean compliance with state worker’s mandate to improve, and so cracks start to open in the ‘for our own good’ narrative. In this context, it was interesting to see how people reacted to the new *Juntos* resolution, mentioned earlier, that clarified that none of these extra activities could be demanded of *Juntos* recipients. I asked the *Juntos* coordinator what she thought. She said, ‘It’s good. The mothers say to me “they scare me with *Juntos*.” Yet,’ she added, ‘it limits me. For example, in the schools there are mothers who don’t buy materials. Now I can’t say “you know, mother, buy the notebooks, if not they will suspend *Juntos*”.’ Sonia was concerned about losing the disciplinary power of *Juntos* to shape mothers who did not behave according to recommendations. The idea from the central *Juntos* office was to move away from this type of coercion. Other *Juntos* employees took

offence at what they saw as Lima's interference in how they were shaping the progress of rural mothers. For example, a friend of mine, working for an NGO, told me,

'The other day I was in San Juan, and almost 50 women had gathered for the *Juntos* meeting there. The district *Juntos* coordinator was there telling them about the new resolution. She sounded a bit angry, saying to the women, "Now all the work is going to fall by the wayside. The mothers here are not conscious. They have been strengthened and now it's going to be thrown away." She was telling them, "We had you like this, and now you are like this, so let's see what you do," like this,' and while talking, my friend Rosa made a gesture, closing her fist then opening it to show her palm, imitating the action of the coordinator.

The coordinator told the women gathered that she had protested the new resolution during the meeting in Lima, and was told that her perspective did not fit with the new programme vision. The programme will undeniably be seen more favourably by rural women, yet potentially represents a challenge for state workers in how to get things done at local level. As one elderly woman commented,

It's good because before they were saying, 'there is a *faena* in the school, now everyone has to go or we will tell *Juntos*' or if you are late, you have to pay a fee, and they also said we have to march... Maybe these words arrived to the government and now they are changing it (Fiorela).

This appears to be a timely move on the part of the government, to avoid that the programme continue to be associated with pressures that had become counterproductive for new ideas about social inclusion.

3.6. Conclusion

In this chapter I have explained how *Juntos*, despite its often disciplinary and constraining nature, and the burden it puts on mothers to prove and improve themselves, is made use of by women as part of their own imaginations of progress. Women take up this programme that targets them as poor mothers, and use it to re-make themselves (as a 'sanitary citizen' or good mother).

Getting their children out of the *chakra* is a major goal for rural mothers. Due to the urban professional versus rural farmer dichotomy in contemporary ethnic relations, women manoeuvre using the ideas of the citizen-making project of the day (*Juntos*) to try to position themselves more favourably - targeting is used in a transformative manner to reposition themselves within Peru's discriminatory social rankings.

As we have seen, this is harder for some than for others. In this sense the programme contributes to exclusion. We touched upon issues of marginality faced in the citizen creating process. These issues are not confined to public health, or state programmes, but are threaded through social organisation in general. If ‘becoming someone’ for Andean farmers means working one’s way up from the bottom position on the ladder, people will always be interested in resisting being targeted as those in need of rescue, and will locate themselves as outside the pejorative implications of being targeted. When I questioned Vera about some materials she had been given by the health centre as part of a campaign to reduce prejudice surrounding Andean parenting (as mentioned in Chapter 1), she agreed that ‘yes that is fine’ but continued to insist that the problem rests in ‘irresponsible’ women, aligning herself with the state in efforts to reach out to the irresponsible ones (her neighbours). Women such as Vera describe *Juntos* as ‘for our own good,’ positioning themselves beyond the need to be coerced into fulfilling recommendations. Because of the nature of social mobility in Peru, they are not so interested in being participant to something special for the poor, but are always looking at how to relocate, side-stepping over the exclusion insinuated in government roadmaps to social inclusion.

However, women do question the weight of responsibilities, versus what they receive, when participation becomes onerous and being a ‘good citizen’ in *Juntos* terms goes against their own projects for advancement. The state is making some adjustments to resolve some of the problematic implications of targeting poor women, and women too are forming criteria about what is fair. Even before my fieldwork women had realised they did not need to accept bad treatment from the programme, and had managed to voice complaints about the previous coordinator, which they saw as a victory. Maura laughed and said, about the previous coordinator, ‘They say they sent her to work far away, where cars don’t even arrive!’ and her husband added, ‘On what *puna* ²⁴ is she, where did they send her, for being bad?’ It remains to be seen to what extent *Juntos* can shift, from being a major disciplinary actor, to fit within government social inclusion discourse.

The premise of governmentality implies that people’s behaviour is to some extent manufactured as a governance technique, while appearing to be their own choice. I

²⁴ Remote high altitude Andean grasslands.

would say, rather, that women use *Juntos* as an opportunity. Being a good citizen is used by mothers as a step up when it coincides with their plans, but it doesn't explain desires or motivations. The self-regulation as seen in notions of governmentality cannot fully capture the motivations or contradictions as expressed by the women involved. Their project of the self cannot be seen merely as the result of a particularly successful technique of rule because it pertains to a larger vision of how to 'become someone.' Their current choice of actions (taking up *Juntos* values) is only one of many different strategies over time to respond to a much earlier historic exclusion (being indigenous in Peru) which is translated into low status for current day Quechua speaking farmers, who aim to create urban professional futures for their children. Governance techniques, *Juntos* included, play on Peru's specific ethnic relations (the desire for a professional child) but work because they intersect with mothers' desires. To be fair, Rose says outright that the governmentality approach is not a sociological study to assess how or why subjects adopt or refuse governmental agendas and could indeed be combined with such an approach (Rose et al. 2006). In the next chapter, specifically on nutrition and the public health system, we will take a closer look at women's decision making and action, how they take the opportunity to reject or critique some state services, and how this is fed by the way they are targeted by the state.

Chapter 4: Negotiating Nutrition - Sprinkles and the State

4.1. Introduction

‘Their medicine is bad... but nutrition is good. Before we didn’t know about weight and height,’ Vera told me about the local health centre. Vera, a confident mother of five, known in the village for her leadership skills - despite in her own words having ‘never set foot in a school’ - is outspoken regarding the importance of heeding public health nutrition advice during pregnancy and childhood, but rarely visits the health centre in the case of illness. Why is their nutrition good and medicine bad? This statement is central to our understanding of how public health nutrition programmes are received in the rural Peruvian Andes.

In this chapter I explore this question by looking at a specific nutrition challenge, anaemia, and at the solution promoted by the government: the distribution of sprinkles, a multi-micronutrient supplement to be added to children’s food. Iron-deficiency anaemia is said to affect 44.5 percent of all children under three (INEI 2013). This health concern is linked to low dietary intake of iron-rich foods such as red meat and liver, and may be compounded by increased iron needs of populations living at high altitude (Horton in Alcázar 2012:11). Iron deficiency anaemia is associated with reduced growth, learning difficulty and low economic productivity in later life (WHO 2008). As of 2010, government response has included the distribution of sprinkles to children under three years of age in pilot areas, made available through the health post, where women are expected to collect them during their children’s scheduled nutrition check-ups, and are instructed to mix the package with a small portion of the child’s meal.

I found that mothers in the village of Canaguilla are very familiar with public health nutrition recommendations, such as the need to include animal protein, fruits and vegetables into a diet that tends to include mainly potatoes, corn and grains, and try to put them into practice. However, health workers often operate under the assumption that rural women are not interested in nutrition. I heard a high-level health official explain during a public forum in the city that women ‘just do not understand, we need to sensitise them’ as an explanation for low rates of sprinkles use in rural areas. In this chapter we will explore women’s low enthusiasm for the product. I will discuss how

nutrition recommendations, other than sprinkles consumption, are taken up despite a problematic relation with the local health services. I will argue that reservations about using sprinkles, and public health services in general, are not to do with a rejection of biomedicine. Rather, they are to do with women's relationship with the state, as manifest through the local health centre, the people who work there and their administering of its specific products. Women make use of the state as one of many options available to promote family health, and they are not unreservedly prepared to defer to public health expertise.

This chapter, like the last, is influenced by Foucault's work. Here I will be looking at 'medical surveillance' and the medicalisation of everyday life (Foucault 1973, Conrad 1992). I will be focusing on a specific area of the medicalisation of everyday life, namely the 'discovery of malnutrition' (Lock and Nguyen 2010:163). Lock and Nguyen suggest that 'dietary surveys, anthropometry, and biological markers such as albumin and hemoglobin are examples of how biology has become the standard by which hunger is to be understood and managed' (2010:170). This too is how malnutrition has been introduced in the village: as height and weight, a new notion of 'fine', as a responsibility to be taken on by mothers and to be judged through their babies' bodies. In this chapter we will talk about how women have taken on this responsibility and what that means in terms of everyday actions.

Towards the end of the chapter I will discuss women's decision making with reference to Lock and Kaufert's work on pragmatism and agency. As they explain, women's encounter with introduced technologies and medical truth claims is not a one-way process, and can be as enabling as it is oppressive (1998:7). Their engagement with health services and simultaneous critical stance is part of a complex and lived response to offers of biomedical technology that can be best described as 'ambivalence coupled with pragmatism' (Lock and Kaufert 1998:2).

Spending time with village mothers, I saw how public health messages regarding a nutritious diet and comparison of their children's nutrition status had worked its way into daily conversations. My research shows that villagers take on board some discourses and practices learned from the health post, and reject others. It is also influenced by Fassin's work in the Andes, as I explained in Chapter 2, which helps shed light on women's resistance to public health not as a sign of rejection of biomedicine in

general, but as a comment on quality. I argue that women's reactions to the nutrition recommendations and medical treatment they receive at the local health centre can be seen as critical commentary on the state, but also must be understood as a pragmatic everyday response.

In the remainder of this introductory section I will offer some background on the health system in Peru. Then in the next section I will look at women's reaction to nutrition education, and the practices that they have taken up. In the following section I will explore women's use of the health post for medical treatment, as opposed to nutrition, and how this is criticised. In this light, we will turn to look at sprinkles, the nutrition supplement, and the general rejection of the product. Finally, I will talk about women's decision-making processes and their relationship with new ideas about health.

The health post nutrition activities

The health center in Raiminas (referred to locally as the 'post') and public health in general was described earlier, in the introduction. MINSA's public health work emphasises 'health promotion and illness prevention' and the reduction of malnutrition and mother and infant mortality (MINSA 2013), focusing on nutrition check-ups and vaccination coverage (MEF 2012). As we saw in the introduction, in the 2000s malnutrition became a multi-sector policy issue, subject to concerted national coordination, which resulted in a general reduction in malnutrition. But rates of chronic malnutrition still reflect inequality along a rural-urban divide: government data recorded that almost 32 percent of rural children under five still suffered from malnutrition in 2012 (INEI 2013). For this reason, much of the rural population's interaction with the health centre is around the issue of nutrition.

This chapter will also look at iron deficiency anaemia, which, as we saw in the introduction, gained attention as a severe public health threat in Peru. In 2010, MINSA initiated a strategy of distributing multi-micronutrient supplements, or sprinkles, directed at children under three, starting in several departments (including Ayacucho) hand in hand with the World Food Program and UNICEF, along with the distribution of iron sulphate to pregnant women, both through the public health system (Alcázar 2012:20). These organisations as well as NGOs contribute to MINSA efforts to react to anaemia, by helping to promote sprinkles and train health services staff. Health staff complained

of a lack of materials to use to convey the message about the threat. By the time of my fieldwork women were used to picking up the sprinkles at the health centre, however considerable doubts still surrounded the product, as will be discussed below. Towards the end of 2013, MINSA officials were discussing how to expand the programme to reach all children in the ambit of the public health system.

Women receive information about anaemia and about chronic malnutrition in general both through the regularly scheduled (frequency depending on the child's age) check-ups at the post, and in village nutrition demonstration sessions. As referred to in the last chapter, the health centre initiated a village level anaemia discussion group, to be led by Vera, an activity supported by Action Against Hunger's (AAH) programme aimed at reducing childhood anaemia. AAH staff along with health centre staff had also carried out several awareness-raising events at village level, in which local women demonstrated traditional iron-rich recipes, brought to light by AAH staff conversations with local women in Canaguilla and neighbouring villages. Though NGO presence was infrequent by the time I began my fieldwork (as I explained in Chapter 1, it was in this context that I first visited the village), both health centre and AAH activities had brought the issue of anaemia into women's conversations, as I will discuss further on.

Women also told me that they had attended specific sessions for pregnant women, up in the post, linked to *Juntos*. Health workers tell pregnant women to eat a nutritious diet during pregnancy (low birth weight of babies is a widespread concern) and to practice exclusive breastfeeding for the first six months of life. I have seen posters promoting breastfeeding in the village and in the post, but this issue did not come up much during the sessions I observed, probably because breastfeeding is extremely common in rural areas, usually continuing until at least 18 months of age. Health workers warn mothers not to complement breastfeeding with small quantities of broths and herbal teas, a common traditional practice even for babies under six months of age. In the nutrition sessions health workers are most concerned with feeding practices for children ages six months and over. Malnutrition is most likely to be detected after six months of age, as babies start to require complementary food. A series of six messages are emphasized in health services materials: to serve foods in age-appropriate textures, to serve quantities and frequencies according to age, to make use of sprinkles to prevent anaemia, to serve

iron-rich animal foods every day (such as liver, blood, red meat, fish), to serve fruits and vegetables every day, and to eat legumes a few times a week.

In the nutrition sessions at village level, these messages are usually presented visually (see Figure 4), in handwritten posters (in Spanish) or pictures, if available, and often with reference to actual examples of food items.

Figure 4: A nutrition demonstration session



I participated in several of these demonstration sessions, and most often women are invited beforehand and asked to bring a certain food item (such as tomatoes, rice or liver) so that a wide range of ingredients are available. Women usually sit in a semi-circle around the health worker (one to three workers in the sessions I joined). There is a presentation, in which the health worker goes over the different requirements for each age group (three to six months, six to nine months, nine to eleven months), in terms of quantity (in spoonfuls) and texture of each food group, explaining by reference to grains, foods of animal origin, legumes and fruits and vegetables. Then the women are typically invited to participate, in groups, using the ingredients to make up plates for each age category. On one occasion this approach did not work due to low attendance, and a lack of food varieties, so the session was just held as a presentation with the opportunity for questions from the women. Health workers told women that animal origin products are necessary for growth and strength, that grains and potatoes will give them energy, and that vegetables and fruit are necessary to prevent illness. Most

recently, concerns about anaemia (as evidenced by low hemoglobin levels in the blood), lead to specific mention of the need to include iron-rich foods (blood, liver, red meat, fish). Health workers now refer constantly to the association these foods have not only with growth, strength and health, but with intelligence as well, in their speeches, and also in posters.

Figure 5: Practicing preparing balanced meals



4.2. Nutrition as seen through local eyes

Here we will talk about how the nutrition part of the post's work gained ground, explaining how women have reacted, and how they related it to some similar ideas that were already in circulation.

Good food in the Andes

Historically, the principal meal in the Andes is soup, made from local grains and legumes, often containing vegetables and meat. The mainstay of Andean substance, it is often consumed as the central dish at family meals, both morning and night. It is seen to transmit properties such as strength and endurance, appropriate for the agricultural lifestyle. Farmers describe it as filling, yet light, which enables them to go to work after eating. Mari explained to me: 'To cook it's easier, you put the pot on, and throw all the

ingredients in, put some firewood on the fire, and you go off to work. When you return, the food is ready. I have always cooked that way. You don't have to be sitting by the fire.' Soup is feasible for families of scarce resources. As one woman explained, 'We eat soup or *segundos*, depending what we have. We eat what there is. When we don't have money we eat soup.' Ingredients vary with the season and with family economy. Meat is considered as important and desirable, yet is often inaccessible, as can be seen in Violeta's remark as I arrived to visit: 'Sorry about this breakfast! Today I cooked with nothing,' she said, as she served me soup that included just grains, carrots and potatoes. For special occasions, chicken soup, using the whole bird, is prepared.

Segundos, or 'seconds' refers to what would be served in urban areas as a second dish, consisting of a plate of food that would usually include rice and beans, or pasta, that has come to be served much more frequently in the village, as a result of health post recommendations, as will be explained further below. Describing the past, Kike said, 'We just ate soup or nothing in the morning, and something at night. Not like now.' In the past, *segundos* were more common on special occasions, or during the harvest, including dishes with quinoa, peas, lentils and chickpeas, fried guinea pig or boiled blood. Pureed sweetened pumpkin is appreciated as well. *Segundos* are fit for urban people, as Carla felt she should have realised: 'Today I have to make spaghetti. Yesterday I made soup, and my cousins came from Huanta to help my grandfather build his kitchen. And when I served them soup they said to me, "Oh, you should have made *segundos*".' *Segundos* say things about power of acquisition – that one can afford rice and pasta, or extra oil, for frying potatoes. Some mothers explain that children prefer *segundos*.

The village diet has always been reliant on carbohydrates (corn and potatoes). Corn is plentiful and easy to store. Villagers raise cows, bulls and some sheep, usually for sale. Some families have chickens, guinea pigs and pigs, for their own consumption or for sale. Milk and eggs are often consumed by the family. Animal husbandry is seasonal too, as it depends on rain-fed pastures. When villagers do eat meat, they consume all parts of the animal. *Charqui*, or dried meat, was regularly prepared, especially during the dry season. Traditionally it was brought to the fields as a snack, or added to the soup pot. Blood was traditionally consumed in the Andes, known to be an antidote to weakness, as documented in Peru (Blaisdell and Vindal Ødegaard 2014), believed to

make one's own blood stronger, as seen in southern Chile (Bonelli 2014) and used to be consumed straight from the slaughtered animal, as well as cooked in various preparations. In Canaguilla, blood consumption had fallen from favour, frowned upon by some Evangelical churches (according to members, some pastors say it goes against Christian teaching), and seen by others as old fashioned. This is similar to the case of the consumption of wild greens, considered delicious and healthy by older people (which are also served in city restaurants for clients looking for authentic traditional food) but seen as a marker of poverty. Juanita's urban-educated sons were ashamed to see her pick wild greens on the edges of the fields.

Urban-style *segundos* are indeed status foods, such as fried potatoes, or chicken with rice. However, at the same time, rural foods are highly celebrated as healthier and much higher quality, and this is also recognised by those of rural origin who have migrated to the city and return to feast on food they remember from childhood. Locally grown food is viewed as superior for strength and health as compared to urban diets. Villagers frequently criticise urban food, or tell stories of family members who suffer in the capital city, with nothing good to eat. 'The chicken is all chemical,' several women told me. It is seen as virtually impossible to get good poultry in the city, as compared to free range birds on the farm. Industrial fertilisers and agricultural inputs have made food 'chemical', and people feel that while it is still possible to eat better in rural areas, elderly people complain that the taste and quality is not like it used to be. The dynamic nature of comparisons between urban and rural Andean foods, in terms of quality, symbolic value and status, has often been noted by anthropologists (See Weismantel 1992, Orlove 1998, DeFrance 2006, Allen 1988).

A well-known organising principal of Andean food is that of humoral classification (Escobar et al. 1983) referring not to the hot or cold temperature but inherent characteristics of the food item. This was mentioned much less often than the chemical issue, but is influential as an underlying and unspoken factor in food consumption decisions. Consuming too much of a hot or cold food can put one's health out of balance, a system still alive even in families who have migrated to the city (Escobar et al. 1983), although women assert that it has much less relevance for them today than in past generations. I overheard as my elderly neighbour, clearing up her corn harvest in front of the house, noticed that her grandson along with my son had managed to cut a

pile of sweet corn stalks to chew on. ‘Don’t eat too much,’ she admonished, ‘It’s too hot.’ She said the same thing to my daughter, who had a purple mouth from picking wild berries with another of her grandchildren. These ‘hot’ foods, in the heat of the sun, can transmit fever. ‘Cold’ prickly pear, even when picked in the sun, is said to make colds worse. Elderly people were more able to explain the details. ‘Cold foods give you colic. If you give cold pumpkin pudding to a baby, the baby will get colic. But *chuño* soup [dried Andean tubers] is hot, so you can eat it cold,’ one grandmother let me know.

Babies in particular

Babies did not traditionally require the daily preparation of special foods. Soup was seen as suitable for the whole family, babies included. ‘Now they are teaching us to give them pureed pumpkin, sweet potato, liver... before I gave Erika soup, all the time soup, she developed fine,’ Mari told me. Babies are first fed when they show interest, not according to age, which is very often before the six months recommended by the health post. Traditionally, small children often share their mother’s plate, being handed titbits deemed easy enough for them to chew.

Breastfeeding regularly continues until children are at least two years old. Both during pregnancy and breastfeeding there is a very strong link between the unborn baby or newborn, and the mother. Indeed, breastfeeding is traditionally known to transmit properties of hot/cold, illness such as stomach flu, and also emotion. For example, Theidon’s work in the Peruvian Andes shows how after the horror of war women worried about ‘passing suffering through the breast’ (2004:76) and contaminating their babies with their own anger and fear, through breastmilk. According to the hot/cold system, one woman told me that she used to squeeze out ‘bad’ breast milk if she had been working in the sun, before offering her breast to her child. Linda told me she stopped washing clothes, involving prolonged exposure to cold water, to avoid her breastfeeding son getting the flu.

Specific products are required for given occasions, such as meat broth to restore women postpartum, viewed as absolutely essential. There is a great range of instructions, issued by elderly women, to feed very particular dishes to babies, to transmit valued properties. One woman remembered, ‘My mother said that before giving food to your baby you should give him sweet wine, just a little bit. When you make your baby drink a bit of

wine they will grow into someone who speaks sweetly, be conversational.’ Various grandmothers said that offering chicken’s feet to children is not a good idea as they will tend to trip when learning to walk. Zare did not feed eggs to her toddler, as her mother had warned her that eggs make girls promiscuous. Most women however had either not heard or chosen to overlook that warning, which is in conflict with health centre advice. Mari, an energetic mother of six, knowledgeable about post messages and traditional recipes, explained during a nutrition demonstration session: ‘I dried the skin of part of the stomach of a pig, and before my child started to eat food, I gave him that. And from then on he ate like a pig, and it didn’t hurt his stomach. And my kids are fat.’

The arrival of nutrition

Malnutrition as a health problem is an external concept introduced by the health centre, in terms of how it is diagnosed, the risks it signifies, and how it should be treated. Short stature, used as the health post to diagnose malnutrition (mentioned in Chapter 1) was not seen as pathological, and this is still difficult for some mothers to accept. Several described their children as short, but added that they were also fast, and smart, insinuating that they questioned the link between stature and health problems.

Villagers associate the arrival of malnutrition with various external factors. The times of scarcity caused by the internal conflict between Shining Path and the military in the 1980s and 1990s (explained in Chapter 1) meant for some that they lost large herds of animals, and family economy never recovered. ‘There was more meat before the violence. We had herds of animals. Now we are poor’ (Fiorela). Elderly people speak of childhoods of plenty, and, as several commented, are not surprised that children now are weak. I remember visiting an elderly woman, in a neighbouring province, along with AAH NGO staff, who laughed and told them, ‘I don’t call it eating if there is no meat.’ Others point to increasingly unpredictable climatic conditions, and describe their animals now as skinny, as compared to the past. Harvest failures lengthen the traditional period of scarcity. Research in the Andes shows mothers worked to avoid seasonal scarcity for children; they themselves were accustomed to bearing the brunt of seasonal hunger (Graham 2004).

For some families, malnutrition is associated with a change in agricultural practices. We already saw that food in the city is categorised as ‘chemical.’ One man, returning from

work in the coastal region of the country, said, ‘In the mountains the people have better defenses; they are stronger, because from childhood they ate natural food. But even people here aren’t like they used to be. Now they sell their production, they buy rice and pasta. They are weak now.’ Some elderly people linked malnutrition to the introduction of ‘chemicals’ in that the chemical saturated the product itself reducing its health-giving natural properties: ‘Malnutrition is because of lack of vitamins. Before, there wasn’t malnutrition. People were eating meat that was natural. Now all is chemical – injections for animals, also the fertilizer on crops.’ Food grown unnaturally results in sickly bodies. This discourse is widespread in the rural Andes, even in areas without the presence of organisations specifically promoting organic farming, though such initiatives strengthen the existing critique. Research in the Colombian Andes situates the discourse as a self-assertion of being participant in the world of science and progress, with a nostalgic memory of the healthier, natural days of the past (Antrosio 2002:1120). Galvez observes that Mexican immigrants to the United States prefer the ‘natural’ to the chemical’, and try to use home cures with food ingredients instead of antibiotics, yet they think, as one of her informants said, that because of all the chemical in the food and water in the US, it becomes more necessary to use medications (2011:136).

In Latin America, participation in larger economic networks has indeed had an impact on the types of crops produced and on consumption patterns, related to problems in nutritional status (Messer 2004, Pelto and Pelto 1990), justifying, in a sense, villagers tendency to depict malnutrition as an external threat. We will return to this later, as it contrasts with health worker discourse which focuses more on the cultural practices within families.

Accepting nutrition – evidence on the body

In this section I will discuss the ways in which food-based nutrition education has been taken up by rural mothers, and found to have congruence with their own vision, in contrast to the limited acceptance of sprinkles, as will be described further on.

As described in detail in the last chapter, *Juntos*, the state’s conditional cash transfer programme for poor families, created in 2005, is critical for understanding how nutrition education has gained an audience in the village. Under *Juntos* monthly cash payments are paid to poor families, conditional on children attending school and health centre

nutrition checkups: the programme is the main reason that women make regular use of the health centre. Participation is so widespread in the rural Andes (where poverty is concentrated) that even the few mothers who aren't eligible in Canaguilla (usually for economic reasons) also attend nutritional checkups, to see if their baby is fine. The programme has allowed the health services to exponentially increase access to infants and therefore manage malnutrition, offering an example of Foucauldian medical surveillance: malnutrition has been introduced in the form of particular norms for height and weight, according to which babies' bodies are routinely examined and mothers are expected to respond with appropriate nutrients. Nutrition, having made inroads as a *Juntos* obligation, has entered practice and conversation, an example of the medicalisation of everyday life in which women were active participants. During the course of my fieldwork, women became used to the increased testing of blood hemoglobin for anaemia, and so 'iron' and 'hemoglobin' too entered women's lexicon.

For most women, nutrition advice arrived with pregnancy. The post emphasises that pregnant women must take care to eat a balanced diet and get enough to eat. Women in Canaguilla were impressed with the way in which they could see proof of the new nutrition practices in their children's bodies, and how their own improved eating habits had an impact on their babies in the womb. Women can see how this condition, malnutrition, can pass in pregnancy or breastfeeding from a mother to her baby. To explain her son's small stature, Mari described her own body as sick and her milk as dried up. Scheper-Hughes also found this in her work in Brazil (1985:303) where poor and malnourished women felt their bodies were used up and frail, and described passing this to sickly babies, as they were too weak to make milk. Existing ideas converge with nutrition talk, as women's own experience (for example, that babies fed with store-bought powdered cow's milk will be weak – formula is prohibitively expensive and not used) complements messages from the post that promote breastfeeding.

The biomedically-informed nutritional knowledge women have gained is finding expression in their bodies and those of their children; they are viewing their pregnancies and their children's achievements as proof of its truth. Maura, one of the poorest women, lives with her elderly husband, and four of her children, on the edge of the village. She compares her baby to her older children who suffered from malnutrition: 'My baby is fat because I ate well... My other children were just little. The ones who

are at school are having difficulties. They cannot read or write well.’ Juanita, who was more involved in village affairs than Maura and well-versed in nutrition, explained to me, not without a bit of regret, ‘with my first two sons I didn’t eat well in pregnancy. They were born small, 2.5 or 2.7 kilos. But with my other babies, it was better. I think Franco weighed 3.2 kilos.’ Like Maura, Juanita relates this to how her eldest son has been held back two years in secondary school. Mothers notice differences in their pregnancies, their babies, and in their children’s abilities. Vera, who we met above, urged my pregnant friend to eat well during pregnancy, regretting that she herself had not done so with one of her daughters. ‘I felt sick, I only drank tea... and now I see my girl cannot learn well. My biggest fear is that she will be illiterate.’ State education and the ability to succeed there, and state-advocated nutritional advice are now linked in the eyes of Andean women.

For families in the rural Andes, education and a professional urban life represent an escape from the increasingly impossible conditions of subsistence farming, where, as Trina, the mother of four boys, summed up ‘all we do is work and sweat just to eat’, making little in terms of income. Despite people’s commentary that home-produced food and the hard work of farming life is a healthier lifestyle, plus the fact that in the city ‘everything costs money’ as compared to the firewood and fruit they gather for free in the village, they do not want their children to live the economic insecurity they face. As I mentioned in the previous chapter, on *Juntos*, Andean peasants suffer from their position on the lowest rung on the social hierarchy, and education is seen as the first step for a transformation in status (Degregori 1986). Nutrition talk arrived at a time when women were already starting to look outwards to formal education as a new route for their children to ‘become someone’, and nutrition advice has played into these desires to prepare their children for a life other than farming. Women are told that if their children are well nourished they will be good at school. As I heard the nurse exclaim in one session in the village, ‘Yes, if you feed your children and they are fine, they will manage to be something when they are big! For example, look at Toledo! Maybe they can be mayor, or an engineer,’ she offered, referring to an ex-president with indigenous-looking features. With proper nutrition, despite one’s appearance, one can manage to get ahead.

Racial stereotypes are reinforced through nutrition education, and mastering nutrition becomes the path to a better self and body. This can be understood in light of the discussion of race and status in earlier chapters showing how Peruvians are attuned to the physical yet shifting and overlapping markers of race, profession and rurality on the body. In a documentary that women leaders were invited to view as part of a government training programme, a nurse working in the rural Andes told village mothers: 'If your baby is fed and cared for he will not be *chato* or *burrito*, he will be like any Limeño.' Here *chato* means short, and being a *burrito* (small donkey) refers to low intelligence, characteristics she is associating with rural people, in contrast with a Limeño, or a person who is from the capital city, Lima. These stereotypes reflect the vision that through investing in childcare, women can create a son or daughter worthy of an urban future, who may manage to defy their rural heritage. Irena, a talkative young mother with high school education, expressed surprise that the plump, white-skinned toddler, daughter of Linda, her previous classmate who had married into a slightly better-off farming family, was on the 'edge of anaemia.' Unlike the learned categories of malnutrition, tied to short, sinewy Andean farmers, this new threat, seen only in the blood, can appear in toddlers that look protected from the elements, well-fed, and well-off.

Anaemia is particularly confusing because it is invisible. As the local health worker explained after summoning all village mothers with children under three, 'your child may seem okay, maybe just extra tired or very calm, but later he [or she] will have difficulties in school. We want our children to be professionals, so we need to fight against anaemia.'

In several senses, then, local categories of 'fine' are continuously facing new definitions. Simultaneous with the arrival of nutrition advice, the emergence of a new child rearing model has been described, shifting from a desire to raise a physically strong child, capable of agricultural work, to one that favours an alert, intelligent baby (Del Pino et al. 2012). Traditional precautions exist for ensuring a child is strong and physically able, such as wrapping them properly so they grow well, or passing a deer leg over the body so they can run fast (see Del Pino et al. 2012). Mothers have begun to look for evidence that they have an intelligent baby, showing signs of being more aware: 'now they are born with their eyes open,' Trina told me. Women are trying to

build a baby who is ‘other’ than farmer – a taller baby, more alert, shaped for a new kind of success. Belinda said that her parents bring special food for her little girl, Iris, ‘My mother tells me, “she should be the most intelligent, better than the others, feed her well!”’ Belinda showed me, laughing, how she had taught Iris to say, ‘When I grow up I will be a civil engineer and build roads and bridges.’ Belinda told her mother to only speak Spanish to the little girl, and Belinda does not allow her daughter to wear skirts, which she associates with the past, only trousers. She more than anyone I met in the village was preoccupied with presenting herself and her daughter as on the path to a future outside of the village, and suggested the possibility that her appearance could be shifted to live a different life elsewhere. Once she raised her trouser legs to show me the light colour of her skin below, compared to her suntanned arms and face, and laughed, saying, ‘Look, in reality I am as white as you!’

Changes in Practices

This interest in building a new kind of baby meant that women, when possible, prioritised their children’s nutrition, along the lines suggested by the post.

During nutrition sessions I listened as health workers, on various occasions, described the type of dish to be served to a specific age group – how it must contain animal origin food, vegetables or fruits and grains, and in which age-appropriate textures. Many women had this information well-assimilated, after several years of repetition. Once I overheard Mari correct Jorge the health worker, on the number of spoonfuls of cereals required for the nine to eleven-month age group. Jorge, after his explanation of the food groups, using posters showing examples of foods for each category, added:

We are here to promote nutritious and balanced meals. Not soup – soup only lasts half an hour. The child pees and it all goes out... Let’s bring these messages home: you need to make solid food. Not watery. Solid food according to age. Pureed, chopped or solid *segundos*.

Most people credited the post with the increase in consumption of *segundos* as compared to soup, due to health post criticism of the prevalence of soup in the Andean diet. Health workers worry that Andean families believe that broth is most suitable for small children, which leads them to fill up on liquid and suffer from malnutrition. However, this is in part a difference in what is considered soup, as the Andean variety may be very thick, and filling – it depends on the family’s resources at the time. The

health establishment began to backtrack a bit on the anti-soup stance, urging women to take the solid part out of the soup pot and mash or chop it for children, realising the dish is a practical mainstay in the Andes. The real concern is how to get enough varied nutrients into the child, whatever the preparation may be.

In this sense, as promoted by the health centre, a move to prioritise special foods for the smallest children can be seen. Now, in moments of scarcity, meat, cheese and eggs are saved especially for the smallest. In the past, the best pieces of meat would largely go to family members deemed most productive: men of working age, to ensure their strength and health, important providers of sustenance for the whole family. Mari told me, ‘my eldest daughter complains, “oh, this is for Chris, and that is for Chris, and what about me?”’ One woman I met said she tries to buy small portions of red meat especially for her toddler and cook it when everyone else is out of the house. AAH had carried out activities in support of the health centre to look for simple ways to introduce more iron-rich foods. I saw that one of the easiest ways for my neighbour Belinda to feed her three-year-old daughter was to collect the blood when killing a chicken, and drop it into the soup pot, and serve that part to her child.

To some extent, biomedical nutrition messages do converge with local thought. It makes sense to women that eating blood will make one’s own blood stronger, by transmitting its same qualities. As I said, drinking fresh blood from a black bull had long been a traditional remedy for weakness. In response to health workers and NGO staff interest in traditional iron-rich recipes, women started to make blood *charqui* again - boiled blood, dried in the sun, which can be saved for months and added to dishes. One grandmother laughed, recognising that they had left those recipes behind: ‘we were throwing the blood to the dogs, curing them of anaemia!’ People’s assumptions about the transmissible characteristics of certain foods, as we saw earlier with the example of the pig stomach or the chicken feet, resonate with the health workers’ insistence that babies need specific foods for growth and strength. Even the transmission of hot/cold qualities has carried over into nutrition talk. One mother criticised another to me, saying ‘she always serves cold water to her children!’ referring to un-boiled water, whatever the temperature, which is inherently ‘cold’ in terms of its classification, in contrast to water boiled and flavoured with sugar, fruit or certain herbs (some herbs are cold, some are hot), even if the drink is served once cooled down. So the practice of boiling water

to purify it (as advised by health workers) made sense despite resistance to the idea of germs and parasites (Escobar et al. 1983).

We have seen how the quality of food passes to the body, and that nutrition has become linked to the creation of a certain type of body. Women now associate nutrition with the process of measuring and evaluation of the body, and make efforts to act on nutrition advice when they can.

When nutrition advice doesn't work

Of course, acceptance of diet-related recommendations is not always so simple and I do not wish to overstate the suitability of the nutrition outreach work in terms of its convergence with local thought. Nutrition work has had a widespread impact but that does not mean that various aspects are not met with complaints or misunderstandings, issues we will now touch upon.

I already spoke about soup above, mentioning that maybe it was not necessary to paint it as a culprit, in that it is not always watery but full of bits that can be taken out and served to small children. At the same time, *segundos* were often promoted as the nutritious solution, but the *segundos* that mothers offer did not necessarily meet the post's idea of nutrition guidelines. At a party at Nora's house, for example, I was served a huge combined plate of potatoes, rice and pasta.

At the same time, while the 'alert' and interactive baby is celebrated by the health centre and mothers alike, there is not always consensus on how to care for the baby. While health center advice insists on exclusive breastfeeding until six months of age, mothers are accustomed to read babies' signals, and babies are seen to express when they are ready to eat, by reaching for and showing interest in their mother's food, which often happens before six months of age, as I mentioned earlier. Mothers find it difficult to deny their babies' expression of interest. An elderly lady, visiting Jime, watched as her baby (under six months of age) tried to grab the glass from her and put it to his mouth.

'Your baby already wants to eat, why don't you let him eat?' Jime responded, 'In the post they told me not to let him eat, or he will fall into malnutrition, that's what they say. My niece's baby has fallen into malnutrition because she gave him food when he was just three months old.' The older woman said, 'that's a lie, how is he going to fall into malnutrition? You have had several children, and have they been malnourished?' Jime, playing with her baby said, 'Well, maybe I

will give him something. Because of the post I am scared it will give him malnutrition, but maybe I will give him wheat soup now.'

At least two of Jime's older children were recorded as malnourished according to measurements taken at the post. In any case, this example is interesting as it shows how not feeding a baby to prevent malnutrition may sound counterproductive. It seems that Jime has understood that it is the giving of food itself which will transmit malnutrition to the child, which of course raises doubts. At the same time, mothers want to encourage an advanced and expressive baby, yet then should not respond to his or her cues in the way that they have traditionally learned to do. There is a 'permissiveness' about Andean child rearing, which foments independence (see Del Pino et al. 2012) and relates to how small children were not traditionally pressured to eat their meals. As I talk about in the next chapter, even very small children are free to roam and explore, with their older siblings. Since women are often gone working the whole day, I saw that from four years of age children know how to enter the kitchen, where food is kept, and help themselves to boiled potatoes in the pot, for example. The requirement, then, to measure what a child eats, and push for certain types of foods to be consumed, is stressful. I heard Belinda threaten to spank her girl when she wouldn't eat chicken. This frantic concern is more reminiscent of introduced child-rearing norms. Some of the older generation feel this obsession with nutrition recommendations seems to have gotten out of hand:

My sister-in-law with her two daughters is always saying 'eat, eat' to the kids, giving them eggs, cheese, milk, every day, and getting so worried about it, it is almost like idolatry the way she tries to make them eat. Because in the post they told her to feed them, that they need more height (Ana).

Habits promoted by the health post did not necessarily fit into the demands of the agricultural mode of life. 'Feed your small children five times a day' the nurse insisted, in a nutrition session in the village. 'We adults can last just eating once, but if the kids don't eat five times, it affects their brain.' In response, women have said they cannot remain 'idle in kitchen,' but must go out and work. Belinda explained to me that they cannot make special purees or varied dishes for children, since they do not have refrigeration. 'Even when I made *segundos* in the morning' she said, referring to spaghetti with tuna in this case, 'by the time I returned home after work in the afternoon, it had gone bad' due to the heat of the day. I noticed that the health worker had understood that she needed to work within the local conditions, as she told them to stick whole eggs in the soup pot and peel them later for the child, for example.

Sometimes intentions to improve rural lifestyles have led to unintentional consequences for family nutrition. As we saw in the previous chapter, the *Juntos* programme came with many recommendations for change at household level. The *Juntos* workers were outspoken against the widespread practice of raising guinea pigs in the kitchen, for hygienic reasons. In several villages I heard women explain that their animal raising had not really recuperated, as they had not yet managed to make a separate enclosure, or that the animals had died, away from the heat of the hearth, reducing the meat available for family consumption.

Misreading women's non-action

A lack of action on nutrition advice, such as failing to remove guinea pigs from the cooking area, or not feeding a child the recommended diet, can be interpreted by health workers as ignorance or lack of concern on the part of village mothers. As Hilda, the new health worker for the village, told me, worried, 'We have to repeat it, there is still malnutrition. They tell me that they know, but they don't put it into practice. We have to do advocacy because this area has high rates of malnutrition. We have to repeat it so that something stays with them.'

As I already mentioned in the *Juntos* chapter, women often let me know that they were tired of nutrition sessions. Maura summed up the sentiment: 'It's always the same, the same. About feeding the baby blood, liver, fish. I don't go to those meetings. I already know.' This made them reluctant to waste their time and they often arrived very late, or not at all, for the sessions organised by the post, which left health workers to interpret their absence as a further sign of their lack of interest. Hilda wondered why women don't put the recommendations into practice. She agreed that poverty could be a factor: 'Ok, it may be for economic reasons, meat is a bit more expensive, but we try to emphasise products from the region. But it's also a matter of conscience. Nutrition isn't just about food, it's about love. You have to sit there and eat with the child.'

Reference to the need to love one's child was not unusual amongst health workers, in relation to nutrition, betraying their assumptions about the root of the problem. State employees tend to characterise women's failure to follow health center advice as ignorance, lack of interest, or adherence to traditional beliefs (Del Pino et al. 2012:122). This could lead to gentle chastising and sincere confusion, as expressed above by Hilda.

Hilda made a concerted effort to be friendly and kind. Both Hilda and Jorge were well-liked (even if, to my outsider ears, they did sound judgemental) in contrast to other health workers characterised by villagers as especially angry or irritable, such as Flora, who, as we saw in the introduction, used fear to motivate women. Though some women insist they are now treated well at the health centre, they can all remember having been yelled at during a visit. It seemed that whenever I saw Maureen, who lived in the next village over, in a rented house, she was worried about her son: ‘I don’t use medicine from the post. I don’t go there also because they yell, “Why didn’t you look after your child! Look at your sick child!” when I go for the nutrition check-up, because he is low in weight. They say “if you love your child you will sacrifice yourself”.’ Whether frustration with women’s slowness to change was expressed gently, or in irritation, a misunderstanding of women’s efforts and daily lives seems to characterise their nutrition speeches. As we saw in the *Juntos* chapter, Vera, amused, asked Hilda, the health worker, if she would like them to survive on grasshoppers or small birds, when she tried to insist that they cared more about their animals than their children. Women’s main struggle is to make a living and to feed their family, and they do not limit the definition of their role to one of reproductive and domestic responsibility, but see themselves as productive contributors to the family economy.

Several women told me that they just couldn’t afford to feed their children according to what they had learned from the post. Lena told me she got tired of the health worker’s threats and finally said ‘I will have to feed my children with what I have, there is nothing else I can do!’ Maureen, as I mentioned above, was concerned about her little boy, who was sickly: ‘On Monday we had nutrition training and they told us, “if you love your child you will do whatever you can to get good food,” but sometimes I worry, there is no work here, what can I do? I don’t have a *chakra* here, just potatoes on my small lot, and my mother-in-law has corn.’

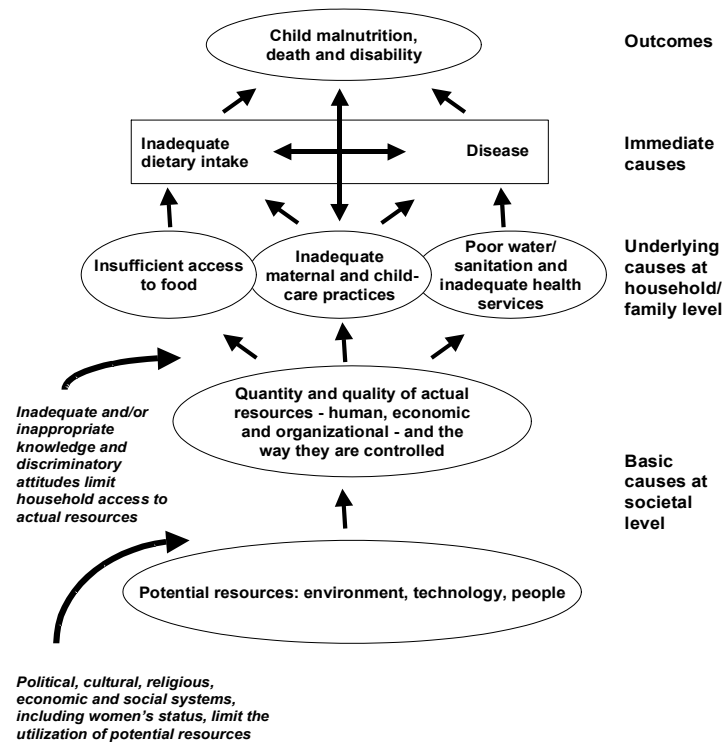
Health workers did recognise the link between poverty and malnutrition, especially Jorge and Flora, with years of experience in the area, who knew which types of families were more likely to be at risk. But even so, the continued presence of malnutrition in the village was frequently attributed to a lack of awareness or care, leading to health services to adopt a repetitive approach. This is in part because of the mandate of health workers. They cannot address poverty and so must focus on the behaviour change

aspects. This limited definition of malnutrition from the main state presence active in reducing malnutrition has its implications, as will now be discussed.

Medicalising Malnutrition

As we saw earlier, some people framed the arrival of malnutrition as an external threat, while health workers are more likely to describe it as a lack of care. Women do not disagree that nutrition is their responsibility. 'Now we know' they frequently utter, referring to post nutrition messages. However, for some women, poverty and vulnerability prevent them from feeding their families as they would like. Here I will discuss further how this reality is sometimes overlooked, facilitated by a medicalised approach.

For example, widespread use of the chart below, used in various versions by UNICEF and other international actors, does not aim to pinpoint mothers as the problem, but inadvertently opens the door to numerous interventions for maternal behaviour change, to resolve 'inadequate maternal and childcare practices.'

Figure 6: Causes of Child Malnutrition

Source: UNICEF 1998

At village level, behaviour change recommendations appear in isolation from other complementary activities such as improving water sources or increasing food production that may (or may not) be going on in the area, locating the responsibility for malnutrition firmly on women's shoulders. In Peru, despite concerted efforts at multisector coordination at different government levels, political will and an effort to include poverty reduction actions linked to reducing malnutrition (Nisbett et al. 2014) messages translated down to the village are rarely about poverty or inequality. Public health workers remain the main contacts for rural mothers, and nutrition is approached through the post, where children are weighed and measured and women are told to feed them in a certain manner. Lock and Nguyen show us how the 'colonial discovery of malnutrition' and the biological standardisation and redefinition of hunger as details on the body contribute to its formulation as a clinical problem, rather than having roots in political or social disruption (Lock and Nguyen 2010:168). Indeed, chronic malnutrition in Peru is identified by comparing children's height for age with growth charts adapted for international use by the WHO, and is communicated to mothers by health workers,

who advise on the supplements and food groups necessary for the child, in effect distancing the suffering of food scarcity from its larger causes. The emphasis is on tracking down the cases of malnutrition. ‘Identifying and following each child, vigilance, is the prime issue in reducing malnutrition’ one public health expert told me. This type of medical surveillance, as described by Foucault, combined with the ‘family centred’ approach, focusing on access to nutrition information for behaviour change in the family, foments the individualisation of the problem. Evaluating babies and introducing norms creates a situation to which some mothers manage to adapt, and others do not. Translating malnutrition challenges into an issue of measuring babies conveniently allows policy makers to sidestep the ‘social origins of sickness’ (Rhodes 1996:173), especially salient in a deeply unequal country.

In this sense, the medicalisation of food scarcity helps to obscure poverty. Harper, in his discussion of vitamin A deficiency in Nepal, suggests that

a whole form of knowledge is developed that suppresses and marginalises broader socio-political determinants of health in the name of a biological body that requires this form of capsular intervention. An increased surveillance (self, state, research and programmes) occurs around the problem of vitamin A deficiency which does little to address political issues of poverty and consequent malnutrition (Harper 2014:120).

In Peru, there is an emphasis on the role of the mother in pulling her children out of the perils of malnutrition. This unfortunately morphs into blaming rural families for their own poverty. Research demonstrates that malnutrition as a child leads to less productivity and lower earnings as an adult (Alcázar 2012). This implies that mothers who fail to feed their children are allowing them to inherit their poverty, as their underdeveloped intellectual and physical capacity will undermine their future earning potential, therefore they will be poor. Unfortunately, as Lock and Nguyen (2010) argue, the burden that women carry regarding nutrition is only going to increase as emergencies shift from under to over nutrition. They refer to the work of Veena Das in Delhi slums, where women struggle to pay for pharmaceuticals for diabetes and hypertension: ‘malnutrition is brought on by a complex interaction of global economic forces affecting the food and agriculture industries with changing local standards of living and ideas about the good life. The resulting epidemic of obesity-related health conditions promises a far more intense biomedicalisation of the poor than afforded by

earlier generations of famine relief and primary health care efforts' (Lock and Nguyen 2010:169).

A medicalised approach to fighting malnutrition is the most complicated for the worst off: Maureen, who I referred to above, who has a sickly son, and does not have her own land or animals, says the post doesn't cure him anyway: 'They give me syrup, but he doesn't get better... He eats normally, but he has diarrhea. They told me, "There is nothing for that, he just has to get rid of it".' Lack of potable water and sanitation are also causes of malnutrition, according to the diagram at the beginning of this section. Malnutrition, in turn, leaves children susceptible to illness. With the medicalisation of malnutrition, lack of food becomes a clinical issue, but it cannot be solved by administering medicine. Despite visits to the post, some children remain sickly, which contributes to mothers' frustrations and reduces the credibility of post medicines. (Of course, mothers' hygiene practices are often also blamed at least in part for diarrhea and other child health issues linked to lack of sanitation and potable water).

What I found most interesting was that some women's commentary suggested they were aware of this 'medicalisation' of poverty. I asked Vera about Soledad, whose little girl, described by the post as malnourished, was given a traditional cure for sickness (the child is wrapped up in the stomach of a recently slaughtered black cow), after not having responded to post medicines. While agreeing that the cure was extremely effective, Vera also linked the illness back to Soledad's husband, who wouldn't share cash (a 'brute', she said, raising her fist) and how Soledad had been left out of *Juntos* (because her husband had a business as a driver). Women whose husbands had left, or who abused alcohol or were violent, had much less room to manoeuvre within limited domestic resources and to manage to prioritise their children's food. As we saw in Chapter 2, some authors suggest that traditional treatment can persevere in the face of frustration that biomedicine is ineffective (Bastien 2003), and that medicine cannot treat food scarcity and poverty (Crandon 1986, Scheper-Hughes 1993). As Leatherman and Jernigan (2015) note, looking at life details we can see how illness interacts with poverty, that in seemingly homogenous homes, some have resilience and others do not. Social programmes and services target all local families for nutrition education yet there are aspects which mean some women can make more use of the advice than others.

As we saw earlier, Scheper-Hughes' work in Brazil offers an extreme example of the medicalisation of hunger, in which tranquilisers are administered by health professionals to starving people (1992), where people living in poverty have learned to complain of their 'nerves' rather than admit their hunger (1993:231). In Peru, children are not at risk of starvation, yet there are interesting parallels to be drawn regarding the medicalisation of the social problem of malnutrition and the further marginalisation of poor mothers. Scheper-Hughes describes how mothers can identify symptoms in sickly children that the child is 'doomed', marking weak babies as wanting to die, or prone to attacks of incurable child sickness (1992:357, 309) which would likely be medically diagnosed as acute dehydration. It is seen as best not to treat this doomed child syndrome, as the child will not turn out right (1992:366-367). Nurses in some instances blame women who show up at the clinic with babies suffering from extreme malnutrition, suggesting that they come to the clinic when they know it is too late, just to show they have acted, so that they can then blame the clinic, and keep critical neighbours at bay (1992:373).

This scenario in which women are forced to face that their children are starving, and then negotiate acceptable ways of having that happen, especially when public health starts to intervene, is also described in the work of Juaréz on acute malnutrition in Guatemala. He suggests that scenarios previously acceptable are now stigmatised, including the reality that the tiniest or weakest children may not survive (2014:98). As he documented in Guatemala, women suffered moral judgement for wanting to keep starving children at home, instead of having them interned in a nutrition treatment centre where parents were allowed only very limited visits. This suggests the introduction of stigma surrounding what was previously normal, as a result of public health attention. Juaréz (2014) also noted that families would prioritise healthy children in distributing the food rations they received, or would show confusion if food rations were cut once the malnourished child recovered, wondering whether it wasn't more logical to feed the healthy ones, commenting to the effect that the sick ones may die anyway. They understood that the child would have to remain in a condition of acute malnutrition in order to get aid, encouraging them to leave a child as underweight (Juaréz 2014). This is an extreme example of performance of need, just as the Nicaraguan example of overfeeding babies, in the last chapter, can be seen as an extreme performance of obedience, both reactions to the medicalisation of malnutrition.

Just as I began my fieldwork in Canaguilla my colleague who had introduced me to several women there commented that a similar scenario could be occurring with Lena. Lena, the woman set out as a ‘scapegoat’ in the previous chapter, whose baby was born with Down’s syndrome, was rumoured by some village women not to have wanted the pregnancy (she was in a very difficult financial situation), and it appeared that the newborn was failing to thrive, remaining extremely small and weak. Lena told me that sometimes she thought her baby was ill because she herself had been yelled at so much, and that she felt terrible, adding, ‘I even thought that maybe it would be better if she died, then I could bury her. I don’t know what to do to make her gain weight.’ Lena is worn out by the tension of her circumstances. She told me that about ten years ago she gave birth to one of her children at home, without help, and a neighbour found her and helped her clean up, and she said, ‘I am thankful to Jime, but on the other hand, if I had died, I wouldn’t have had more children, but then, who would have looked after the other ones?’ Scheper-Hughes’ work in Brazil (1992) describes how in situations of extreme vulnerability and poverty, death is a closer part of how life operates, and examines the unspeakable solution for the poor, of ‘selective neglect’ (Scheper-Hughes 1992:309). This kind of last resort strategy is not acceptable to outside eyes. Lena had been located by health services who were scandalised by the child’s failure to grow, and urged her to take better care of the baby. As I said in Chapter 3, Lena told me the nurse had threatened to take away the baby and her other three children as well, so that she stopped going to the health centre, and her *Juntos* payments were temporarily cut, increasing her economic challenges. Increased public health surveillance in this case exacerbated Lena’s circumstances of vulnerability.

Mentioned earlier, Bell et al. describe how mothers’ health behaviour (issues of alcohol and tobacco use, and overweight) becomes an issue of public order, framed as a health emergency requiring intervention and even legislation, in a process characterised by the authors as the generation of a moral panic, leading to the marginalisation and stigmatisation of particular groups of women. With this shift, responses to alcohol use in pregnancy enter a realm in which maternal substance use is not only medicalised but also criminalised (Bell et al. 2009:160). Public health discourse increases discrimination against mothers since they get stuck in a non-compliant category, become ignorant, or worse, immoral, as a result of the act of targeting them as vulnerable. Under the vigilance of the state, it is possible to see examples of how everyday life is scrutinised,

so that the normal becomes a symptom of irresponsibility. According to Van Hollen's work on food taboos in India, mothers are constructed not only as backward and illiterate, but as criminal, because they deny their children necessary nutrients. This is partly the result of jumping to place the blame for malnutrition on cultural codes before taking a look at real practice (Van Hollen 2002). Galvez, for example, found that Mexican immigrant informants were penalised for a lack of crib and baby food jars (though they are used to co-sleeping and cooking baby food themselves), and in one case a women's children were even taken away, subject as they were to extra scrutiny as recipients of child support (Galvez 2011:115). As social programme recipients, they were fearful of the surveillance that was beyond what 'normal' families would receive. Also mentioned earlier, often the poorest have to endure more medical surveillance and coercion, while the affluent can choose the type of intervention they want (Unnithan Kumar 2004:13).

In Canaguilla also, women do not want to be thrust suddenly into an irresponsible category, for situations that were previously normal. Families become reluctant to talk about malnutrition, as it has become a source of shame, which limits the conditions of collaboration from other state or NGO actors, working against the interests of the health system. On various occasions Lena told me her children were fine, however I saw a note on the Centre wall to programme an urgent visit to her house, because of her baby's malnutrition. Several mothers were very worried because they suspected that their children's blood tests would show risk of anaemia (having demonstrated so in previous tests). Trina, realising that she had her son's check-up at the end of the month, told me, resigned, 'What can I do, they are going to yell at me.' Maura, congratulated on her fat baby (compared to the health of her three older children), and highly suspicious of sprinkles, now refuses to let nurses take blood from her baby, decrying 'for what? Don't waste his blood!' most likely fearful that they will announce he is on the edge of anaemia, and put her new-found status at risk.

We can see that this approach to malnutrition that results in a burden of blame is not just related to these emergency-type cases but is woven through women's everyday negotiations with the health system. While the poor have to be evaluated, babies in private clinics only have check-ups or tests on request. As Briggs and Mantini-Briggs (2004) mentioned, there is an assumption that certain populations lack agency and

capacity to respond, the ‘unsanitary citizens’, who need to be organised into compliance. In Canaguilla, women have come to expect verbal abuse as part of their service, unless their children measure up. As I have said elsewhere, this does not concern women who have managed to move their babies out of circumstances deemed by the centre as at risk. But this scenario of pressure that surrounds nutrition vigilance, and the type of exchange with health workers should be taken into account while we move now to look at women’s use of the health centre for treatment of ailments.

4.3. Treatment – the post versus other options

Here we can return back to Vera’s comment at the opening of this chapter: that post nutrition is good, and their medicine is bad. We have seen how women have integrated some nutrition talk into their daily lives, and will look later at how sprinkles, in contrast, do not have the same response. Understanding women’s position on and use of the post will allow us to ask why certain nutrition recommendations are accepted and others not. I initially thought that this was a comment about the low acceptability of biomedicine. As I said in the introduction, this is not about rejecting biomedicine, but more a comment on the nature of state service.

In terms of health care (as opposed to nutrition outreach), women regard the post as one option of many. The post is used most commonly for ailments such as coughs and diarrhea. However, women’s descriptions of how these are treated at home with food items, bark and edible plants were a much more frequent part of their stories of health seeking behaviour. Women have learned to distinguish when to bring children to the post, and when their illness is one not recognised by doctors (see Del Pino et al. 2012), for which they either cure at home or seek out a traditional *curandero*. Adults with serious illnesses often visit private clinics in the city, or make use of a series of many options, such as pharmacies, Chinese healers and the Evangelical church, amongst others.

Home cures versus the post (or natural versus chemical)

Women first try to cure children’s illnesses at home. As an elderly women explained to me: ‘We only go to post if home cures don’t work. We always try first to cure it. If it’s an infection, we will have to go get medicine.’ While I was in the village I was often advised to treat small ailments with different products – various barks, herbs,

pomegranate peel and toasted bread crumbs for stomach infection, for example. Lena told me that her son almost never needs to go to the post: ‘I give him hot eucalyptus water if his throat is bad. He drinks it and says “look Mum, I’m cured!”’ she said, laughing. There is a huge body of local knowledge on treating ailments, and many women have learned to treat their own children at home, even for spirit loss (*susto*), one of the most common illnesses in children. (There is an extensive and varied collection of literature on *susto*, which is beyond the scope of this chapter. See Crandon 1983, for example).

I often heard statements outright rejecting biomedical cures for being ‘chemical.’ Like chicken raised in poultry farms, as we saw above, described with a certain wariness, biomedical treatments are also in the chemical category, and often criticised as compared to herbal cures. Trina, adept at using traditional cures, disapproved when I said I had just taken ibuprofen for menstrual pains. ‘Don’t take pills! We don’t take pills here,’ she told me. ‘For that we use oregano and celery, boiled in water. Drink that and it will pass.’ In the Andes, biomedical treatments or pharmaceuticals are described as ‘chemical’ and women often voice preference for homemade herbal cures or even purchased syrups concocted from natural ingredients (Gold and Clapp 2011).

However, the critical commentary was mixed with their actual use of biomedical treatments in certain occasions. Trina herself, who was not pleased with my use of ibuprofen, mentioned to me in a different conversation that she gives pills to her sons in the case of fever. Mari also voices disapproval over medicine from the post as ‘chemical’ yet she gave her son syrup when he had bronchitis. In fact, on a weekend trip with Mari and several other village women, as local leaders of a nutrition initiative, I was surprised at the quantity and mixture of pills they took, for headaches, travel sickness and flu, when offered by the non-governmental organisation staff person who had organised the excursion.

For certain children’s illnesses, such as respiratory illness or stomach infections, when they do not respond to home treatments, the post has gained a foothold, as was also true for vaccinations, and nutrition check-ups. As Nora said, ‘For bronchitis, I bring him to the post, that cannot be cured in the *chakra*’ (referring to herbal cures). However, comments about the low quality medicine at the post were rife. Fiorela explained that her family doesn’t rely on medicine from the post: ‘Sometimes it’s not strong enough.

Pharmacy medicine is better.’ She added, ‘If we have money, and if the wait at the post is too long, we go directly to the pharmacy, there they can advise us what pills or syrup we need.’

Several women described pharmacy medicine as ‘stronger’ and reported that post medicine did not work. The post offers a limited range of medicine (and sometimes faces shortages) at a very low price, or free, usually a generic national product. Pharmacies, in contrast, stock a range of products of varied prices, from affordable national brands to imported options. In response to widespread sentiment that brand name pills are more effective than generic government ones, posters have been put up in the health centre to assert that the ingredients and benefits are the same. Research has described the overwhelming preference for pharmacies, particularly in Latin America: they are cheap, convenient, quicker, offer customer choice and more respect (Reynolds Whyte et al. 2002:93). As Cross and MacGregor point out, these types of businesses, in a competitive marketplace, ‘seek to build and maintain good relationships with their clientele by offering goods and services that meet local expectations of care or value for money’ (2009:13). Roda, who herself did not complete primary school but whose daughter is studying to be a pharmacist, reported, ‘It is best to go directly to the pharmacy, to describe the situation to them. They studied a lot, they know.’ Pharmacists appear to rank higher in women’s opinion, in terms of knowledge, than do the doctors at the post. It appeared that the negative comments actually had more to do with the post, and its medicine, rather than a rejection of biomedicine per se.

Concerns over quality

The perception of the low quality of the post was perpetuated in some cases by the health staff themselves. I accompanied Irena to her daughter’s nutritional checkup. She chatted with the receptionist who was looking for her file, and showed her some sores on her daughter’s tongue. The receptionist admonished her, ‘How could you not take her to the pediatrician? You have to go to a clinic. Here they don’t know. There is no pediatrician here. How could you not go to Ayacucho? It will only cost 50 *soles*²⁵ to visit.’

²⁵ This at the time was just over 10 pounds sterling. It is in fact a significant sum, and I felt the receptionist, while she was indeed showing a lack of faith in her own workplace, was also criticising Irena’s parenting, but all was carried out in a friendly tone.

Families do make use of scarce resources to visit private clinics. One young woman asserted, about the public system, ‘babies die at the hospital.’ When I asked Lena why her invalid husband had gone to an expensive private clinic, instead of the public hospital, she said, ‘oh he can’t go there, they would cut off his leg!’ With further questioning, I understood that Lena’s husband could not actually make use of the public system at that time, since his national identity card was out of date. Though accidents may happen in an underfunded health system, this fear could also be fed by abusive treatment (I have heard first-hand accounts of horrible birth experiences in national hospitals).

In some instances, the post was not left out as irrelevant, but actually described as outright dangerous (this, usually, for illnesses caused by the *patron* or spirit of the land, which must be cured by a *curandero*). I spoke to Carmen, the elderly *curandera* who lived behind me in the village, credited by several mothers for having saved their babies after a dangerous episode at the post. She explained that some illnesses are made worse by the use of pills and medicines, that if the child’s spirit has been ‘grabbed’ by the spirit or *patron* (boss) of the land, this will only aggravate the *patron* further, and can even cause death. Carmen can diagnose illnesses by reading coca leaves, and will indicate if she can cure the affliction, or if biomedicine is required. Unlike medical doctors, she does not claim to resolve all illness, but rather concedes that biomedical illnesses exist and refers people to the doctor for biomedical solutions. On the other hand, Flora, the nurse at the post widely described as ‘angry’ had to visit Carmen as a last desperate move when her baby was sick, defying her own medical training, divided even as she carried out the cure and the follow up. She told me ‘Carmen said not to wash him after rubbing him with the guinea pig, but I did, the guinea pig was so dirty, but then I was so worried that he wouldn’t get better.’ That women warn that it is ‘dangerous’ to go to the post in certain cases, and how they tell and re-tell the stories of city people who visit Carmen, desperate to cure their babies, is a way of answering back to social relations of domination, of contesting medical staff’s assumption of superiority, by putting the post in its place. Linda, mother of two children, who we met above, told me:

The post makes it worse. Injections are not good. Once my son had vomiting, diarrhea, and his throat was all sore from vomiting, and they gave him an

injection and he almost died. He couldn't even breastfeed. It was a shock for his body. I don't bring him to the post, my mother-in-law knows cures.

Here Linda is referring to the danger of using biomedicine when a child is ill from the *patron*. Part of Linda's warning is about injections, as opposed to natural cures, and part of her warning is about the post. In another case she said her husband used antibiotics from the post to no avail, and then only improved after she took him to a *curandero* where they paid for the biggest *pagapu* (ceremonial traditional cure) at over 100 *soles* (just over £20).

Injections are not always frowned upon. Olga said that she had a good experience in a private clinic in the city and wished she could afford to go there with her son instead of having to use the post. 'Sometimes I go straight to Huanta, to the clinic, they give him an injection. It works well... pills from post don't make him better.' The way in which people have started paying for private options in the city is something specific to Canaguilla and other villages more connected to the regional capital. Several women said they had gone to a well-regarded private clinic in Ayacucho for gynecological concerns. A colleague working in a more remote part of the region was very surprised with my reports of local use of the elite clinic and said people were unlikely to consider doing so where she was working.

So, despite the fact that one can observe an 'everyday' type use of the post for nutrition, vaccination and common children's ailments, a pattern of description in which the post appears as a site of disappointment, as ineffective or as problematic, is also common. More than an outright rejection of 'chemical' options or biomedicine in general, it appears that there is a process of trial and error, and an expression of disappointment or frustration about the post, leading to the circulation of critical narratives surrounding the treatments offered by the post. If people are going to make use of biomedicine then they want the 'real' version, that of the private clinic, rather than the second rate option the state offers the poor, that can only be used for simple issues.

Women criticise the post in its capacity to cure, not only because it disappoints them in that aspect, but because they can: they have other treatment options, offering them a space to voice their disapproval of the service in the post. One health worker attributed people's critique of the post to a lack of compliance in completing treatments and desire for 'fast cures', saying that people purchase pills from the pharmacy that may treat

symptoms but not resolve the underlying problem. She added that they often do not finish the whole prescription, or expect it to work immediately. I saw in the city and the rural areas that people buy antibiotics without a prescription and just take two or three pills, until symptoms leave. The relationship with the post is one where multiple outcomes are possible (some go and find the medicine works, others are not satisfied, for a variety of reasons) but whenever there is dissatisfaction, the post is open to critique. I suggest that this is in part because biomedicine is presented by the medical doctors as the real medicine, the superior solution (unlike Carmen, the *curandera* who refers people to the post when necessary) and also because the post has already been established as a problematic site for rural people, who are in a sense looking for evidence that its medicine fails. But complaints about post medicine are not just an after-the-fact explanation when people's expectations surrounding biomedicine do not come through – in many cases people do not even bother to go in the first place.

Private versus public health care options

I suggest that the authority and vigilance of the post is felt as a threat to women's agency as health decision makers. The mandatory nature of nutrition check-ups, the close monitoring and judgemental character have exposed the public health service to increased critique. As we have seen in this chapter, and the last, women must go to nutrition check-ups, where they sometimes endure bad treatment, and they resent it. Criticism of medical treatment offers them a space to react against the vigilance they experience (vigilance that implies they are irresponsible, which contrasts with how they describe their own health-seeking behaviour). Women are very much in charge of picking and choosing health solutions. Irena, for example, described a long process of trial and error treatments she had sought for her husband's leg, ranging from city clinics to traditional *curanderos* before settling on a nun known for therapeutic massage. I was struck by the way Irena positioned herself in her narrative, the one to take her husband here and there to find a solution. Towards the end of my fieldwork his pain returned. She half-laughed, frustrated, '... he gets sick just when I don't have any money! I couldn't bring him to the nun because I was working so instead in the evening we went to Ayacucho to the clinic and put an injection in.' Women see themselves as health managers, as consumers of different healthcare options and as experts in preventing illness. Juanita even jokingly offered to look after my son while I lived with him in the

village, so sure she was that she could do a better job at keeping him healthy, in the face of his bad bout of diarrhea and his very thin physique.

This invites a reflection on the nature of public versus private healthcare options. Women using the public health services in the rural Andes have to shape themselves into the type of mother required by the state. Most are *Juntos* participants – as we saw in the last chapter – and this comes with many expectations regarding the parenting required. As citizens they now have a right to universal health coverage, but also a responsibility to behave as the deserving poor. For example, at the post, Irena was even chastised for her daughter's messy hair, and told by the post dentist to stop having children, that two was enough. The pharmacy, on the other hand, does not usurp the primacy of the role of the mother in treating maladies. At the pharmacy they are engaged in a market transaction, choosing from the packages on offer, with decision-making power as a consumer, whereas a visit to the post results in pills chosen by the doctor, and can come with a barrage of pressure from state workers, and the burden is on the mothers to demonstrate they are the worthy poor or 'sanitary citizens.' As Cross and MacGregor point out, looking at the health-seeking experience in economic terms, as meeting client expectations of value for money, may shed light on women's opinions on healthcare options, as opposed to taking a public health perspective on the efficacy of these encounters. There may not be a proper medical consultation or diagnosis, information or advice, but these may be features that health seekers view as minor (2009:14).

Price's research in the Andes indicates that 'Women's roles in healing the family are reinforced and celebrated through alternative healing in a way that is not possible through biomedical healing' (Price 2003: 218), describing how women were shooed out of the hospital by health workers, and told to leave it to them. Women in Canaguilla, though they did not always manage to cure illness themselves, position themselves as the central decision-maker in health-related issues. The distinctions between women's role in public versus private care in this type of context lends itself to dissatisfaction. Although women do actually make use of the post for particular needs, asserting its uselessness becomes an outlet in the face of being tied to a system that too often brings to light what are seen by health workers as women's own failures at mothering. Women make use of the post, but, in reaction, are quick to share critical narratives.

Voicing a critique of the post is a way to re-assert autonomy. Wayland's research in the Peruvian Amazon describes how people make use of medicinal plants for most cases, but also visit health clinics and use pharmaceuticals, all the while denigrating them. Due to poverty, biomedical treatment is inaccessible so 'caregivers deny their desire for it, claiming pharmaceuticals are ineffective, worthless, harmful...' Wayland goes on to explain, that in extolling 'the virtue of traditional plant remedies... they are subtly asserting the superiority of tradition over modernity' whilst at the same time, underscoring the failures of 'development' (2004:2417). Another example from Peru has shown that

because pharmaceuticals are largely financially inaccessible to them and representative of an oppressive class, Añawayans retort that pharmaceuticals do not work,' - an attitude seen to reflect 'social and cultural processes beyond the medical: the revitalisation of Andean identity, the conflictual relationship that villagers have with modernity, and the desire to evade or subvert the power that Western medicine has over them (Gold and Clapp 2011:93).

In contrast to the research mentioned here, women in Canaguilla are not demonstrating a defensive position based on the cost-prohibitive nature of pharmaceuticals, as pills from the post are usually free. Nonetheless, there are clear parallels in their practice of taking pills while criticising them. I certainly concur that one can read between the lines to find critical motives behind the comments on effectiveness: in my experience the contrast being highlighted is not between Andean identity or the traditional, versus modernity, but rather the particular version of modernity offered by the state.

Fassin (2001), as we saw earlier, helps us to understand that the way frustrations are voiced, in terms of 'chemical' for example, does not mean that service is rejected on those grounds alone, drawing attention to the risk of labelling problems as 'cultural difference' when really it may be more about social discrimination and unsatisfactory service. He asserted that Andean 'tradition' cannot be considered as 'intrinsically opposed to the use of health services' (2001:305) and warned that a culturalist reading of health seeking behaviour can obscure pitfalls in service delivery and the discriminatory behaviour of employees, helping the state to sidestep responsibility. All through this chapter we have seen how health workers make certain assumptions about lack of love or concern and how village women are sometimes subject to criticism and judgement. Village women do not stop using health services, but sometimes limit their use, or more often, criticise the treatment available. Denigration of the post and its pills

is rooted in a demand for solutions that are not just ‘for the poor’ but quality state services like any other.

Through their health seeking behaviour, women are starting to demand respect. Mari said that last time she went to the post it was full of elderly people waiting to be seen (tied to a new pension plan). Mari told me, ‘I said to the nurse, “I have come all the way from Canaguilla, I left my cows, please attend me” and the nurse replied, “Oh poor you, let’s see how much weight you have carried up all this way” and she took Chris to weigh him.’ Several women also shared examples of how they are starting to demand a more respectful or prompt service, though report differing degrees of response. This requires a belief that biomedicine will offer them something, but also the confidence to move in new circles, and importantly, believe they have a right to good care.

4.4. Rejecting Sprinkles

Here we will look at the way in which women speak about the use of multi-micronutrients, or sprinkles. Sprinkles were introduced in the area in 2010, distributed by the post during nutrition check-ups. They come in little single serving packages, which open to reveal uniform greyish flakes²⁶ that look like sand or filings, and are to be mixed with a small portion of children’s food on serving. I suggest that doubts about sprinkles oscillate around two central concerns 1) what they are, i.e. the substance of sprinkles, which I will explore first; and 2) their origin, as products from the state; this is the more crucial. We will then consider women’s positions on the use of state facilities, which help shed light on their criticism of sprinkles.

Doubts about substance: as ‘chemical’

Sprinkles are widely described as ‘chemical’ and treated with suspicion. As we saw earlier, Vera, introduced earlier, known for her many years as the local *Juntos* leader, was chosen by the post director to organise educational activities against anaemia in the village, despite her rudimentary Spanish language skills. But she was not convinced about the product.

Before, we didn’t even know about sprinkles. We fed our babies natural, and they were fine... When I was visiting women’s houses, as the president of

²⁶ They are largely iron, but include zinc, vitamin A, folic acid and vitamin C.

Juntos, I saw lots of sprinkles packages lying around like *ajinomoto* [widely used food seasoning that also comes in tiny serving size packets] and people really don't like using them.

This pattern of stockpiling sprinkles was not limited to Canaguilla. Visiting a neighbouring area with a fellow researcher, I overheard women admit to him that they did not use sprinkles, and had no intention of doing so, while one asked, 'Why don't they make them from carrots, something that is food?'²⁷ On another occasion, in a village near my research area, I met a woman who had been told her baby was anaemic but who had decided to purchase syrup described as a vitamin supplement for brain growth from a street vendor, rather than using sprinkles.

Above we saw that positive properties are seen to be transmitted through certain foods, and that this is to some extent coherent with nutrition advice, in that some food categories give strength, and others protect from illness. So what, then, do little grey filings, categorised as chemical, transmit? Maura explained her doubts:

In the post they gave me sprinkles, saying that it is iron, but in the post they just give us what the government sends them. I don't trust sprinkles. Before, they gave us rice and oil in the post. When they give you food, you yourself prepare it, but sprinkles, I don't know what it is... I found grains of sand in it, so I don't give it to him anymore.

Maura, who I introduced above, is especially distrustful of state activities. She felt that products other than sprinkles were better suited to face the challenge of anaemia. 'My other son, after his accident, I cured him with beet and carrot juice in the mornings, that makes blood recuperate, doesn't it? He was skinny, yellowish, I made him drink it every morning. They say that beets increase blood, because, you know, they are red.'²⁸

From a biomedical point of view beets, though nutritious, are not a significant source of iron. The local preference for red and natural, to re-build blood, is more usefully manifest, according to nutrition advice, in the variety of blood-based recipes found in traditional cuisine, which, as we saw above, some women had started to serve to small children. Blood was already known to be an antidote to weakness, and used to be consumed straight from the slaughtered animal.

²⁷ In conversation with Ponciano Del Pino, who carried out earlier research on sprinkles. (See Del Pino et al. 2012).

²⁸ Chinese medicine also recommends beets to strengthen blood: Andean tradition is not alone on this.

On the health post's insistence, some women had tried sprinkles, and described the reactions on their children's bodies. Carla, a young mother who had left to live in town after marriage, spoke to me on one of her visits back:

They gave me sprinkles, and I made my baby try them... with mashed liver. The next day he had spots all over his little body, he had fever. He was sick for a few days, so I didn't make him eat, I just breastfed him, and so he lost weight. What happened to him? For sure they did him damage. Sprinkles are not good.

More often mothers complained that their children did not like the taste, and they themselves found that sprinkles taste metallic placed on the tongue. Several others said their children rejected the food if they noticed sprinkles being mixed in during serving.

The evidence on their babies' bodies, plus the bad taste, appeared to reinforce suspicions about the nature of the product, or in any case offered a reason for rejecting them. Here we appear to face a category problem, most obviously that mothers are being asked to feed something to their child, to grow well, which is not a food. Sprinkles are ambiguous. They are to be eaten for health, but they are in a category as 'chemical' and share its associations and risks. As we saw above, some villagers link malnutrition to excess chemical use in the first place. And so, from the outset, sprinkles must be evaluated with more caution. Experience in East Africa shows interesting parallels with the Andes. Pool and Geissler (2005) explain how *dawa* can refer to almost any substance with a capacity to change things, such as pharmaceuticals, industrial fertilisers or fuel. Therefore, non-traditional medicines were seen to share membership with other noxious products in this category, whose meanings informed each other, 'creating a social and cultural field which is more complex than one normally associated in biomedicine with the category of medicine' (Pool and Geissler 2005:89). Is it the fact that sprinkles are located in the 'chemical' category, along with pharmaceuticals and fertilisers, that subjects them to additional scrutiny, as compared to food-based nutritional advice? I found that it is not as simple as the widespread assertion of the danger of 'chemical' for the body.

Doubts about origin: the state

Other doubts circulated regarding the intentions behind the distribution of the product. Rumours of sprinkles' harmful nature were initially widespread, when introduced in 2010. Lena, the poorest woman in the village, with an invalid husband, told me: 'They

are vitamins for the child. But I don't believe it. They will give us anything and say it is vitamins. Sometimes I give it to the pig... I have heard that the state has sent it so our children stay like dummies... What does it have in it? Who knows what it is.' An NGO worker in a neighbouring province recalled that one woman expressed doubt about the motives of the state, 'Why does the state want my child to be strong? To send him to war?' Sometimes these fears were even echoed by sources from inside the health centre. Juanita recounts her experience:

My youngest was the only one who received sprinkles. I gave it to him a bit but he said it was salty. People were saying that they were sending it from another country so that in Peru the kids won't be so intelligent. We thought 'we are causing damage to our kids'.... Don't tell anyone but my niece's father said to my sister 'don't give it to my daughter.' She told me not to, so I didn't.

The warning in this case came from a man who worked at the post, in an administrative role, who himself did not think the product from the post would be good for his child.

How can we look at these rumours? Leach and Fairhead (2007:34), in the context of vaccines, suggest they should be examined in relation to actual local experiences, not just as an idiom for wider political concerns. In news media in Peru in 1999, in one incident, 24 children were reported to have died from contaminated government school food programs.²⁹ Later, while I was in the region, in several provinces large stocks of sprinkles were recalled by the government, raising suspicions about quality and trust. Peruvian women have learned in the recent past that they have reason to fear the public health system, due to Fujimori's family planning public health policy, where many people were sterilized without due consent, as mentioned earlier (Miranda and Yamin 2004). None of the women I met in Canaguilla had experienced this, but several made mention of the fear and ill-health it had caused other women they knew. Rumours may flourish as a form of protective defense. Authors have shown that lack of trust may have to do with how state power becomes entwined with the often coercive establishment of public health regimes (Leach and Fairhead 2007). As well, still in recent memory is the prolonged conflict between the army and the Shining Path guerrilla group, in which many farmers were caught between sides. The conflict and the long-term marginalisation of the Highlands region are the backdrop for state initiatives, which face initial doubt and distrust. (However, it should be noted that despite scares mentioned

²⁹ http://elpais.com/diario/1999/10/24/internacional/940716011_850215.html Last accessed May 26, 2016. Thanks to anonymous reviewers for a publication in progress for offering me the detailed reference for this case.

above, the provision of oil and milk under the *Vaso de Leche* program is currently accepted without much comment in Canaguilla, and families were pleased with the improved school food program, *Qali Warma*, of the Humala administration).

Noting that women were reluctant to make use of sprinkles, health workers have had to insist. Women recall the threats. Maureen said the nurse told her, ‘Be careful if you don’t make him eat them! We are going to visit your houses to see if you are giving them sprinkles, and we are going to know when we see how much he weighs.’

This brings to mind the type of vigilance that women have become used to within nutrition outreach work. Doubts about the product are coupled with pressure, within a relationship where few women feel confident about raising these doubts. The discussion of the more general disapproval of the post (that I offered above) helps us to understand the context within which women are wary of using sprinkles. We have seen that their disapproval of post medicines is more vociferous than their rejection of pharmaceuticals as a whole. The post is resented as a source of pressure, described sometimes as a site of danger. Sprinkles are contaminated by their association with public health services. Like the doubts about the post, doubts seem to surround the issue of sprinkles being for the poor, more than their ‘chemical’ nature. When Jeni heard how much sprinkles were costing the state, she suggested that she had made a mistake in rejecting them, wondering if she had forfeited her daughter’s growth and school achievement. She exclaimed: ‘I didn’t use them; I threw them out. If I had given them to my children, how would they have turned out! Those cost dollars.’ In Peru policy-makers were aware of this problem. I heard a leading civil society advocate tell a doctor from the Ministry of Health: ‘People do not believe in using sprinkles because it is a product for the poor. We need to get it sold in WONG [elite supermarket], so it doesn’t have stigma.’

Denigration of the post and its sprinkles cannot be put down to being ill suited to local cultural beliefs; rather it is rooted in a demand for solutions that are not just ‘for the poor’, an expression of disappointment about the nature of the service on offer, or a position of self-defense. This invites a question regarding women’s shifting relationship with the state. Sprinkles may be the object of women’s criticism for now, but this position is not necessarily fixed, but dynamic.

4.5. Pragmatic Stance

When it comes down to health-seeking actions, women's critical stance is often combined with pragmatic decision-making. Women will not position themselves against the state if it is in their interest to go along, and are adept at changing their stance as need be. As Lock and Kaufert say, women's relationship with medical technology is 'usually grounded in existing habits of pragmatism... if the apparent benefits outweigh the costs to themselves, and if technology serves their own ends, then most women will avail themselves of what is offered' (1998:2). Pragmatism is not just about actually making use of one or the other health technologies, but, in my view, also about the cost and benefit of taking a certain stance.

Pragmatic actions can be seen in health-seeking behaviour: Lena rushed to the post as her baby was suffering from diarrhea, but turned around when she heard the vet had arrived to de-parasite all the cows, only to later cure her daughter at home for *susto*, by rubbing her with an egg. As Orr has seen in the Peruvian Andes, 'most families resort to biomedical care or *yachaq* healing without making grand statements about their cultural affiliation, because both are an unexceptional part of everyday life' (Orr 2012:522). I already raised Crandon's example from the Andes that demonstrated how similar symptoms were diagnosed as anaemia for one son, and for the other as *limpu*, suggesting the family's self-identification as indigenous, allowing the family to gain important resources and support from indigenous neighbours. Crandon points out that health-seeking behaviour 'is a social idiom through which people negotiate the content of ethnic identity and thereby facilitate or impede movement of resources across ethnic boundaries' (1986:473). This willingness to shift affiliations in the face of illness can be seen as a display of life-saving pragmatism. This was expressed several times by women I met. One village mother, better off and with more education than many, said that she dragged her ill daughter from clinic to clinic, but couldn't cure her terrible headaches. Finally, back in the village and with no solution to be found, she finally had her successfully treated by Carmen, the *curandera*, her mother-in-law's next door neighbour. 'Now I have to believe a little bit!' she told me, referring to her previous dismissal of illnesses said to be caused by the *patron*, or spirit of the land.

For village women, it is also pragmatic to demonstrate certain affiliations or positions. While they may voice criticism yet continue using post pills, they may also act as if they

are willingly complying with the post, despite not having any intention of carrying through. Cindy, a very smiley single mother with a five-year-old son, described his traumatic vaccination experience as a baby, and said she never again brought him to any health check-ups. She told me, ‘In the jungle I gave money to a doctor and I got him to fill in my vaccination card, my control card. I told him I lost it. I said that my son had the vaccinations already in Raiminas, I lied.’ Other women made comments about their efforts to remain in the system. Nora said, ‘I bring him to the post, so if something really bad happens, if he dies, then they won’t say to me “why didn’t you bring him if he is so sick?”’ They go through the hoops and let the post into the realm of their everyday behaviour in order to continue their functional relationship with those in charge of state programmes, to mitigate blame and to appear modern and responsible according to national standards. Obedience is prudent in the face of heightened medical surveillance. Pragmatic women will present themselves as going along, yet act privately how they judge is best. Irena hung her sprinkles daily administration calendar on the wall in the kitchen. She is attentive about nutrition and makes use of the post more often than most. Her youngest daughter, Maria, played with mounds of unused sprinkles packages as she cooked dinner. Irena explained, ‘Maria says “give me sprinkles, give me” but then sometimes doesn’t want to eat anymore after that, so I don’t bother.’ That Maria properly eats a meal is preferred over picking at a meal mixed with sprinkles. Carla, who reported, above, that sprinkles made her baby sick, said, ‘my husband also got irritated, and said to me, “Why did you give him those stupid things?”’ She now does what many women do, ‘I just pick them up, and store them.’ In their actions, women have to balance their own trial and error experience, with the management of multiple influences, from state workers, other women, their husbands and families.

This leads to the point regarding the local circulation of knowledge. Some women have begun to side with biomedical authority and give the post the benefit of doubt. Juanita and Belinda, sisters, first avoided sprinkles based on warnings from Belinda’s ex-husband who works at the post, as we heard above. Juanita later asked a nurse about all the rumours she had heard, who again insisted on the importance of sprinkles, so Juanita sent her sprinkles to the daycare to be fed to her son there (itself a pragmatic move). Juanita, unlike many women who use the post, does not feel judged, and says she is treated well. Her youngest children do not suffer from malnutrition. Their other sister,

Lola, visiting from the jungle, told me that she was the one who had convinced her sisters to use them.

I remember with the *papilla* [powdered cereal for babies] that they gave out, the mothers would say that you shouldn't use it, your boy will be stupid, but I gave it to my son. Sprinkles too, they said they will do damage, but I gave them to him. I didn't give them every day, but when he didn't have appetite. And look, he is very intelligent.

Lock and Kaufert refer to the shifting nature of locally operating authoritative knowledge, subject to the global circulation of knowledge and practices (1998:23). This example sheds light on how women are essential participants in the re-shaping of authoritative knowledge, normalising new practices in the village. We have seen how women relate the idea that food quality and characteristics are transmitted to the body to the creation of a certain type of healthy body, and to the practice of measuring bodies against external standards, and that this measuring becomes a normal concern. In Scheper-Hughes' words (1993:240), 'medicine does not act on people coercively, but rather through the subtle transformation of everyday knowledge and practice concerning the body', to become part of the shared commonsense world.

The way that knowledge circulates and nutrition talk is taken up or rejected has much to do with the spaces women have to manoeuvre within their own households, as we saw above, when discussing how certain women are further marginalised by the medicalisation process. Certain people were more vehement in their rejection of sprinkles, the same ones who repeated dramatic rumours about other state programmes (Lena related helicopters flying overhead to the capture of children from the *Juntos* programme, while Maura said that for her participation in *Cuna Mas*, to be discussed in the next chapter, she had expected to receive a huge payment, which was siphoned off by state workers). These women suffer from very restricted decision-making spaces, from poverty, one from an abusive husband. This brings to mind Unnithan Kumar's comments on the importance of family support in terms of women's expressions of agency (2001:51). I found that for women in vulnerable circumstances, either living in fear of domestic violence, or barely scraping by, the state initiatives were unlikely to be able to make much difference for them. I relate this also to comments on agency and consciousness (Kabeer 2006, Maitra 2013): in contrast to Lena and Maura, other women, like Lola and Juanita, have more space and resources to investigate and make choices, and their circumstances and experiences have enabled them to expect

something more, and assume that a better future lies within the limits of their possibilities.

4.6. Conclusion

In this chapter I have shown that some information and advice from the post is accepted and integrated into everyday knowledge and practice in the village, but that some is rejected, such as the use of sprinkles. We have seen how biomedical attention has been normalised in the case of nutrition, but this does not imply an uncritical acceptance of associated state control. While food-based nutrition recommendations are often accepted, reservations persist for sprinkles, due more to the fact that they are distributed by the state, than to their inherent nature. To some extent, the state hampers the acceptance of biomedicine, although women are starting to overcome this barrier if the pragmatic benefit outweighs it.

To some extent, women go along with the medicalisation of food and diet. Having managed to introduce malnutrition as a problem, now the public health system has been established as an authority on this issue (at least in public):

I heard Bea complain at a pre-school parent teacher meeting, ‘My son comes home with his food not eaten, just a few bites, or half, so then I think “the teacher isn’t making the kids eat”.’ The teacher responded, ‘Jilmer doesn’t want to eat.’ His mother sighed, ‘I guess I will have to bring him to the doctor.’

Women appear to let the health system play a role in food and diet. Their rejection of public health in terms of other health issues has been explained here as a comment on the type of treatment they receive and their frustrations with receiving a low class service. This denigration does not mean that they do not want the state to be involved, but rather is an expression of disappointment that the state services of which they make frequent use are often abusive. As other authors have suggested, ‘the very fact that those interviewed were so often to give their terrible experiences of state institutions might be interpreted as *confirming* the importance that these institutions have in their day-to-day lives’ (Cornwall and Fujita 2007:56-57, authors’ emphasis).

As Scheper-Hughes asserts, ‘medicalisation captures people’s imagination’ (1993:240). People are looking for strong medicine, and as women experiment with it, it becomes part of the shared commonsense world. Their role is central in the integration of new

authoritative knowledge in their lives. Biomedical intervention is normalised in a Foucauldian sense, yet not at the expense of women's own self-reliance. Women do not appreciate a demeaning relationship with state workers that assume they know better than they do regarding their own children's health. Women are not ambivalent about the goals they share with the state (improved child health and educational achievement) but uncertain whether the state is really up to all it has set out to do. Public health staff interpret rural mothers' behaviour as ignorant or careless if they fail to use public services, yet for rural families, the health post is just one option amongst many, and the choice to make use of it is measured up along with many other issues, invisible to health workers (such as distance, work responsibilities, the way they are treated, waiting time and likelihood of treatment success). For public health workers, the women become risky and disobedient if they do not attend nutrition check-ups or bring children to the post before the illness gets too severe. As we saw with the medicalisation of malnutrition, public health services can tend to increase discrimination against mothers since they are put into a non-obeying category, become 'ignorant', or worse, immoral, as a result of being targeted as poor or vulnerable, previous to which their same behaviour was within the boundaries of normal.

One of the main impacts of the medicalisation of malnutrition is that instead of being about food shortage, it has come to be about behaviour inside the family. The tendency towards medicalisation is more difficult for the vulnerable. This relates to Nguyen and Lock's position that biomedical technologies are not morally or socially neutral, but embedded with unexamined assumptions reflecting certain cultural and political values, which have an impact on their creation and their use (2010). How new knowledge moves depends on the networks within which it is encountered, and women are positioned differently to be able to act upon it, pointing to the importance of notions of agency. In this case, the technology, sprinkles, is embedded in people's views on the state. The grey filings are suspicious but mostly so because of their source and their target. Women do not reject sprinkles to wait for a more culturally appropriate product, they want a product like other mothers, not a special one for the poor.

Chapter 5: The *Cuna Mas* programme – child development as national development?

5.1. Introduction

This chapter is about the *Cuna Mas* ('Cradle Plus') family accompaniment programme, set up in 2012 to 'improve development of children under three years of age in poor and extremely poor conditions, to overcome the gaps in their cognitive, social, physical and emotional development',³⁰ through a combination of home visits and village workshops. As we have seen in the *Juntos* and nutrition chapters, certain types of babies are valued by the state (well-nourished ones) and this expectation has been assimilated by village mothers. However, this new branch of the state's early childhood development programme is taking a further step, by asking mothers to invest not only in feeding their babies according to nutrition guidelines, but also in focused play and mother–infant interaction in the home.

The *Cuna Mas* programme is a response to government concern that prioritising nutrition is not enough to ensure that rural, poor children are later able to succeed in the educational system. Participating rural mothers understand the *Cuna Mas* programme as part of a package of child-centered initiatives and see that it clearly repeats the same nutrition emphasis as the public health service does, as well as adding additional dimensions of the importance of play, affection and verbal interaction in the home. However, as we will see, women are unsure of the worth of the programme and accept it on terms very different than that imagined by the state, despite the fact that they too view education as essential, and imagine children's professional life as a way out of rural poverty (as explained in Chapter 3). Most women did not recognise the programme as a practical contribution to child development in terms of fomenting educational success, rather they reiterated the value of the state as an employer, as seen in the position created at village level.

This chapter is about state concern for the 'quality of the population' (Gupta 2001) and how state development can hinge on women's reproductive role, locating this discussion in the field of reproductive governance. We will see how the Peruvian state has relied

³⁰ My translation from http://www.cunamas.gob.pe/?page_id=12 Last accessed June 17, 2015.

on current medical science to identify and respond to state development concerns, and to help formulate development policy. We will look at how this policy is understood by women in the village. They agree with state vision (the importance of investing in children's academic futures) but they do not identify *Cuna Mas* recommendations as fitting within that vision. This returns us to questions raised in Chapter 3, in relation to the *Juntos* programme, where the child's progress is linked to that of the nation as a whole. Here I will also make reference to critical anthropological literature, which questions truth claims of science, but instead of the field of nutrition, as in Chapter 4, in the field of child development or psychology.

What is *Cuna Mas*?

The *Cuna Mas* family accompaniment programme is an initiative of the Humala government (2011 onwards), located within the new Ministry of Development and Social Inclusion (MIDIS). The goal, as explained in the manual handed out to the village women hired as facilitators, is that 'boys and girls of *Cuna Mas* grow healthy and safe, express their needs, emotions and ideas, act and resolve problems according to their age, are sociable and explore the world around them, allowing them to develop thought and construct values to be democratic citizens' (MIDIS 2013a:14, my translation). The *Cuna Mas* programme is in part motivated by the identification of a gap in levels of cognitive development between rural Peruvian children and their urban peers (MIDIS 2013b). It is a response to the realisation that government prioritising of nutrition is not enough to ensure early childhood development and subsequent scholastic ability. *Cuna Mas* is a development programme targeting poor rural children identified as being at risk of being left behind in the education system, and later in the national economy. State services aim to work through village women (paid a small stipend) in order to reach out to mothers to transform behaviors in the home and to shape children for productive lives in the future. This state policy aims to enable young rural children to later take advantage of state education services, and climb out of poverty, to avoid the risk of a lost generation who cannot manage to perform in the system.

I arrived to live in the village just after the *Cuna Mas* family accompaniment programme had begun there, in the second half of 2012. The region of Ayacucho was chosen as one of the pilot areas for the first year of the programme, which has now

expanded to new areas of the country. The activities consist mainly of weekly home visits carried out by a village mother, who guides the family in how to play with and care for their baby or toddler, as well as short monthly workshops held in the village. When I first met Irena, the village mother chosen as the local facilitator for Canaguilla, she said she had recently completed a week of training in the provincial capital, and was trying to encourage village mothers to sign up for the programme. Each local facilitator must work with around eight to ten local woman, carrying out the weekly one-hour visit at each of their homes. The idea is that local mothers, having a non-hierarchical relationship with other mothers in their village, can be trained to guide other women in how to engage their children in interactive play, and to promote affection and verbal exchange, in order to increase cognitive and socio-emotional development, while also offering advice on nutrition, baby care and hygiene without imposing in an authoritative manner. Irena was indeed just one of the village mothers and remained so despite her new position. There is a big distinction between her role, as ‘local facilitator’, and that of her supervisor, the ‘technical companion’, who is a state employee, understood locally as a ‘professional’ due to educational status, and belonging to a different social and economic category.

Participating mothers interact principally with the local facilitator, and less frequently with the technical companion, in charge of the villages within one or two districts. The technical companion holds the village workshops, aids in training the local facilitators, and follows up on the facilitator’s work, both by checking paperwork and receiving oral feedback, and by accompanying her on some home visits. The technical companions are based in the city of Ayacucho, where they are supported by *Cuna Mas* regional staff, including a regional operations manager and general director. The training of technical companions is mainly carried out by staff from Lima.

The *Cuna Mas* umbrella includes not just this new family accompaniment programme but also a daycare service, a continuation of the earlier *Wawa Wasi* or ‘baby house’ daycare programme, now renamed as *Cuna Mas* daily service. In Canaguilla there is no *Cuna Mas* daycare service; however, several mothers walk about 15 minutes to a nearby village where they can make use of the daycare there. The family accompaniment program is designed for disperse rural populations that are not likely to have enough children to justify a daily service. Unless I specifically make reference to the daycare

service, in this chapter when I mention *Cuna Mas*, I am describing the family accompaniment side of the programme.

In this chapter I will raise questions in regards to Foucault's governmentality and Gupta's work on the Integrated Child Development Services in India, described earlier in the literature section. As in the Indian case, governmentality helps describe the kind of strategies taking place here, in which people's conduct is being shaped as part of a development strategy. This development is within the area of 'reproductive governance', targeting women in their reproductive roles. The concept of reproductive governance, as referred to in the literature section in Chapter 2 and in the Chapter 3 discussion of *Juntos*, will be used as a point of departure. This may be slightly unorthodox, as I am looking specifically at an intervention focused on early childhood education, but this can be understood to be firmly entrenched in women's reproductive roles, the primary identity through which they encounter the state. Reproductive governance offers a theoretical framework for understanding the regulation of reproductive behaviours and identities and facilitates the constitution of women and men as citizens who are expected to 'embody and reproduce state-supported priorities in their values, conduct, and comportment' (Morgan and Roberts 2012:244).

In this chapter I will also talk about the influence of science in development, what happens in the move from research to implementation, and how policy and academic work overlap. I will also make reference to anthropology on early childhood development (Lancy 2007, LeVine 2004, Quinn and Mageo 2013), which points out the historically contingent nature of science (as we saw with nutrition in the previous chapter), and offers a critique of western universal notions of early childhood development. This chapter, however, takes a different line, showing that Andean women are already linked to a national vision of development, but not convinced by the state services on offer.

The first section will describe the programme and trace influences from global to local, situating it within tendencies in policy to prioritise investment in early childhood as essential for national development, and how this has come about in Peru. Then, I will talk about how participation in the programme is negotiated and justified amongst women at village level. In third section, I will look at the reasons why they do not recognise the value of the programme, despite the fact that the vision of strengthening

children's scholarly success is shared by state and families alike. The last section will look at local readings of development and how the targeting of reproductive roles is perceived at village level.

5.2. Situating the programme

Bringing science to Peru

In order to understand the rationale behind *Cuna Mas*, I would like to take a brief look at how recourse to science is used to face Peru's development challenges. As I said above, the programme is about educational success, and preparing children for a certain type of future, as citizens who will be productive in the nation. It is an example of investing in children, for the development of the nation, as part of economic planning, similar to what Gupta laid out very clearly in the Indian example (Gupta 2001). Like Gupta's case, it too is a strong example of Foucault's governmentality, not only in the sense of the concern for well-being of the population, but in the sense of aiming to create a system where women are participant in behaviour change according to state vision. In Peru the disadvantage faced by rural children is laid out as a development issue with a science-based solution, in which science advocates that the state reach into the home to promote change for the sake of the child's future.

The state is motivated to react to indications that public school investment in rural areas is not giving effective results. There is a concern that despite the prioritising of nutrition (and other measures such as *Juntos*, to promote education and health) in poor rural areas, the rural/urban disparity may continue. As published in the Young Lives study on child poverty carried out in Peru, led by Oxford University, despite good progress in fighting malnutrition, rural children starting school are a year behind urban ones in terms of cognitive development (Young Lives 2015a). This study, carried out under the Department of International Development at the University of Oxford, in association with research and policy partners in four study countries (Ethiopia, India, Peru and Vietnam) is a 15-year international research project on childhood poverty, core-funded by the Department for International Development (Young Lives 2010). At around five years of age, the children in urban areas were rated with 28 percent in cognitive evaluations, compared to 13 percent in children in rural areas, and children with Spanish-speaking mothers had 26 percent, contrasting with 16 percent for those whose

mothers speak indigenous languages (Young Lives 2015a). This correlates with the government's own tests for students in their second year of primary school, which showed troubling deficiencies in math and reading comprehension, nationwide, but especially in rural areas (MIDIS 2013b). As a response, and as part of a focus on investment in childhood, the state explained that the early years are the window of opportunity for children's future development and that those who are held back do worse in school and even make less money as adults (MIDIS 2013b).

Technical experts have explained the problem and the proposed solution in a detailed government document that lays out the evidence from international scientific literature on child development (including the *Lancet* and World Bank reports, amongst other sources) indicating that sub-optimum levels of cognitive development have been linked not only to nutrition deficiencies but also to a lack of early childhood stimulation. It cites research in *Lancet* and from the World Bank that links this to lower incomes as adults. It refers to a *Lancet* article on groups of risk for children in developing countries (Walker et al. 2007), identifying biological, psychosocial and contextual factors to do with child development. It goes on to explain that research from developed countries has identified three aspects of parenting that are consistently related to young children's cognitive and social-emotional competence: cognitive stimulation, caregiver sensitivity and responsiveness to the child, and caregiver affection. The government document makes reference to experiences which have shown positive results in terms of cognitive development (including a *Lancet* article and an Inter-American Development Bank report), referring specifically to a long-term Jamaican study on home visits to orient mothers in guided play, verbal interaction and affection. The document sets out that the Peruvian version will be based on the same model of 'structured play sessions with mothers and their children, led by community facilitators... who with the help of a structured curriculum to guide the activities, and making use of toys and materials, will show the mother how to promote child development through play' (MIDIS 2013b).

This state explanatory document situates the issue as one that can be understood and addressed by reference to the scientific literature and best practices evaluated in other countries, as validated by international institutions. The state is demonstrating that there is proven science and careful policy behind the proposed intervention. Academic work-in-progress backs up this analysis, describing how lack of adequate early stimulation at

home is a main risk factor in terms of reduced development outcomes in poor children (Walker et al. 2007). A recent review of literature (Castro 2014) finds much evidence to suggest that the home-visiting model can deliver positive results for children's development, although the same author goes on to raise some important points about the limited potential impact of the *Cuna Mas* programme, to be discussed further on.

A closer look at some of the literature cited in the government document reveals a cross-over between academic and policy writing, forming a kind of epistemic community in which policy publications make significant reference to scientific literature, and scientific publications make policy recommendations. Academic results deemed exciting are spread in policy reviews. A study published in *Science* returns to the Jamaica case 20 years later, and finds that children in the parenting skills intervention 'increased earnings by 25 percent, enough for them to catch up to the earnings of a non-stunted comparison group' (Gertler et al. 2014). This result is highlighted by the World Bank and highly recommended for scaling up (Human Development Network 2014). At the same time, articles in scientific journals (the same *Lancet* series as referred to above) urge developing countries to invest in child development programmes, and to provide services directly to children as well as including an active parenting and skill-building component (Engle et al. 2007). An Inter-American Development Bank (IDB) literature review confirms policy direction if there was any doubt: 'Interventions in the early childhood years are one of the rare examples of interventions that are both equitable and efficient – that is, the interventions reduce inequalities whilst also raising the productivity of the society as a whole' (Baker-Henningham and Lopez Boo 2010). Academic data helps inform state policy: the data from the Young Lives Oxford-led study, mentioned above, was cited by the IDB team in the process of designing a model for infant development (MIDIS 2013b). The academic research is also resumed in policy briefs: for example, a Young Lives (2010) policy brief urges governments in the four countries reviewed to improve quality pre-school education in disadvantaged areas, saying that the poorest are unable to fulfill their potential.

In Peru international institutions and academics were not just contributors in terms of background literature but were actors in the design and implementation. A former World Bank economist, part of the new administration, took leadership of the

programme. Partly because the family accompaniment programme was initiated under the results-based budget of the Ministry of Economics and Finance, the emphasis was on cognitive development and on measuring learning outcomes in early childhood. Published experts played an advisory role in design, materials and training, financed by the World Bank. As reported on the Inter-American Development Bank website, aspects of *Cuna Mas* operations are financed by an IDB loan³¹ and an IDB staff person received detailed training from an international expert to advise technical implementation. A senior regional official told me that the programme was based on experiences in Chile and Colombia. (The Colombian experience is described in Attanasio et al. 2012, itself based on the initial Jamaican model). Team members travelled to learn from international best practice.

Science and international expertise has played a role in deciphering Peru's development challenges and in shaping solutions, so that low levels of scholarly achievement resulted in an intervention to guide mothers on how to interact with their children. This is backed up with the international legitimacy and weight of science. This raises the question of whether there were alternate investment paths that could have also been argued to effectively contribute to a reduction in urban rural disparities in primary education. Before turning to look at how *Cuna Mas* worked at ground level, we will look briefly at early childhood development from an anthropological perspective.

Situating the science of early childhood development

So how has early childhood development come to be so high on the development agenda? Is it indeed a universal process, as child development experts appear to claim? The relationship between academics and policy in this field has been noted by anthropologists who comment on 'child development field's dual identity as an ideological advocacy movement for the humane treatment of children and a scientific research endeavor seeking knowledge and understanding' (LeVine 2004 in Lancy 2008:2). LeVine (2004) is concerned that it is not possible to generalise about human developmental needs – they reflect what a certain society deems as valuable. Recommendations represent cultural preference for certain development outcomes; they are not findings of empirical research (LeVine 2004:151). American practices are being

³¹<http://www.iadb.org/es/noticias/comunicados-de-prensa/2015-05-01/peru-mejorara-gestion-de-programas-sociales.11142.html> Last accessed June 11, 2015.

described as universally appropriate, using the appearance of science-based knowledge in a formula based heavily on cultural ideology (LeVine 2004:153). Bloch (1991) explains that the dominance of psychology and child development perspectives in the field of early childhood education is the result of a historical separation of early childhood education from primary education. It became enfolded within psychology, leaving less tradition of critical theory. In the US, for example, in order to leave behind its early association with home economics, the discipline aimed to professionalise, becoming more scientific, relying on experimental psychology, and differences in child development have therefore tended to look to the individual and the family unit, not to larger structures and issues such as class and race (Bloch 1991).

Anthropological engagement with the area of child development and psychology often makes mention of ‘attachment theory’ (see Quinn and Mageo 2013), developed from collaboration in London by John Bowlby and Mary Ainsworth, to investigate the relationship between infant attachment to preferred caregivers and enhanced child survival (see Ainsworth and Bowlby 1991). Lancy calls the theory a ‘sacred cow of psychology’ (Lancy 2008:2). Other authors argue that the ‘influence of attachment theory in contemporary American psychology today would be hard to overstate’ (Quinn and Mageo 2013:3). Despite critique, the theory’s influence remains strong, present in the scientific literature and policy review that served to shape present day interventions in Peru, in terms of the types of factors deemed important to measure and to correlate. For example, in studies from Chile, Colombia, India, and South Africa, maternal sensitivity was associated with more secure infant attachment, and higher levels of maternal responsivity were associated with higher infant cognitive ability and reduced levels of behaviour problems in preschool children (Walker et al. 2007). A review of early childhood interventions for IDB uses attachment as one of its measures to show the level of success of the intervention (Baker-Henningham and Lopez Boo 2010). Attachment theory still serves as an ideological basis for parent intervention programmes and therapeutic interventions: ‘the promotion of fixed concepts of good parenting and healthy development’ and the ‘methods and instruments to study them’ continue largely unquestioned (Morelli and Ivey Henry 2013:243).

Anthropologists have drawn attention to the culture-bound nature of psychological knowledge. LeVine and Norman point out that attachment theory is a product of a

historical moment, that it belongs to the ideological camp of child-centred freedom in reaction against imposed order and discipline, reflecting post 1950s middle class America (2008:139). Universal notions of development are rooted in a particular agenda: ‘much of child development research in the 20th century has been driven by the fields of education and psychiatry in seeking to find the determinants of academic achievement and mental disorder within western societies’ (LeVine et al. 2008:56) narrowing the range of problems selected and giving a normative bias to interpretations of the evidence. Analyses of cultural diversity in child rearing have often addressed questions arising from American middle-class concerns about school performance and mental health – usually recast as cognition, competence, or emotional development (LeVine et al. 2008:55). This is part of the larger tendency of medicalisation, or even ‘psychiatrisation’ of childcare (LeVine and Norman 2008:138) which has led to a huge industry which presents changing childcare ideologies, backed up by pediatricians or psychologists, as common sense (Deloache and Gottlieb 2000).

Lancy (2007) is particularly concerned with the way these values, disguised as science, are pushed in inappropriate contexts. He bases his analysis on a comparison of his own in-depth ethnography of child development in a Kpelle village in Liberia and his long term research reviewing anthropological and historical reports on childhood with contemporary literature detailing patterns of mother–child play (Lancy 2007). He focuses specifically on the recommendation regarding the importance of mother-child play, and the body of ‘literature and NGO-produced material that elevates mother-child play to the level of an exportable social good’ (2007:273). He describes how ‘policy makers have embraced various schemes to alter the behaviour of parents who many not otherwise play with their children. Considerable sums have been spent by anxious governments to teach parents how to play with their offspring...’ (2007:279), an imposition by international organisations he finds to be completely unjustified. Tobin (2005) raises similar questions about the export of assumptions of universality in early childhood education, and offers the work of Fikriye Kurban (forthcoming) in Turkey as an example. He notes that a condition for Turkey’s admission to the European Union was to install a Western system of early childhood education, though often families outside major cities usually prefer not to make use of pre-schools. ‘Officials of the European Union, the World Bank, and other centers of global power see early childhood education of a certain type as crucial to the development of

Western/European/global/capitalist values’ and adds that the World Bank finances the education of Turkish students to study early childhood development in the US and the EU (Tobin 2005:429).

Returning to the Peruvian case, we have seen that international science and donor agendas have indeed been involved, but it can be argued that this aid was sought out by the Peruvian state to help solve development challenges. Concerns about early childhood education are based on very Western notions of human development (Quinn and Mageo 2013). We can turn, then, to ask whether the Peruvian state intervention may be deemed appropriate for the Andean context, and by whom. Ethnographic accounts offer rich examples of how parenting practices reflect the type of socialisation of children deemed suitable for the given context, and how appropriate parenting may involve almost opposite behaviours from one context to the next. For example, research demonstrates that even details such as eye contact and smiling between mother and child correspond to specific cultural models (Quinn 2005). Lancy discusses how parenting practices in some parts of the world aim to keep children in a sort of ‘benign coma’, where a ‘quiet baby is a healthy baby’ (2007:275). This was true enough even just one generation ago in the rural Andes. Village women described how their first babies were kept sleeping all morning in hammocks, and how now they find babies to be much more ‘awake’ and children more alert. This may be in part a reaction to messages from the health and education system, but also corresponds to shifts in child-rearing models that reflect parents’ desire not only that children be strong, but quick-thinking as well. Child-rearing is facing new challenges, and parents put value on attributes linked to scholarly success, not just on their capacity for agricultural labour and survival in a challenging ecosystem (Del Pino et al. 2012).

Lancy finds that ethnographic accounts of high levels of mother-child play and verbal interaction occur where ‘children are being groomed for success in academic settings and for eventual participation in the information economy. Where children are not seen as having such futures, because parents equate social class with destiny, mothers may not spend time playing,’ or praising them for completed challenges, offering bedtime stories and other activities (2007:278). Guided play represents a ‘must’ only in the strata of society that expects children to eventually function at the top of the ‘information economy’ (2007:274). Although I too find problematic the export of Western notions of

human development in the guise of science, translated into mother-child play time, we must understand that many rural Andean parents now expect their children to gain access to the benefits of those ‘information economy’ professions and lifestyles, and are trying to prepare them accordingly. Mothers in Peru are facing rapid social change (Boyden et al. 2015) and models for socialisation are already influenced by the type of expectations created by links to the global economy and state education services. In this sense, the notions of development backed up by international organisations and psychology research, taken up by the state, are not so alien to mothers’ concerns. Perhaps then the real critique is related to the extent to which the *Cuna Mas* programme has actually managed to address in any practical sense mothers’ desires to groom children for academic success.

From global to local

We have looked at the influences behind Peru’s creation of the *Cuna Mas* family accompaniment programme. This international science is of course transformed into a Peruvian counterpart. There is not a clean transition from external research-based technical models to the requirements of large-scale government implementation.

I had the opportunity to speak to an international expert who had been involved in the process, off the record. During our discussion there was considerable concern expressed about the way in which technical recommendations may have been diluted, due to the interest of the Peruvian government in moving to implementation in a given time frame. The expert thought that inappropriate toys were purchased, against the practical philosophy of creating easy-to-use pedagogical materials and prioritising local resources that families can replicate, and that the programme had begun before training was completed. Worry was voiced that ‘this is what happens when you go to scale... It’s too big. There is no control.’ I observed that the central programme content was expanded to focus not only on interactive play according to set learning goals, and verbalisation and socio-emotional support, but also on additional health and parenting content (such as sessions on hand washing, breastfeeding, self-esteem, etc.) The same expert was concerned that the technical specifications would be used as general guidelines, but be implemented without attention to the essential detail necessary for assuring actual results in children’s development.

There was a significant difference between what I found as an ideal description of a home visit in the literature, what I observed in the training programme, and then what I saw in the field. The Colombian experience, as adapted from the Jamaican experience, referred to above, emphasised praise, affection, child-mother interaction and conversing during daily activities, all of which was indeed promoted in Peru. However, the Peruvian programme, as I observed on the ground level, did not include at that time the detailed procedures described in the successful experience: ‘the home visitors follow a curriculum that has a cognitive and language focus... organized in weekly components, each with a list of age-appropriate activities lasting about one hour. The home visitor is instructed to start a child at a specific week depending on the age of the child and his/her level of development and to progress to subsequent activities as the child develops. Great attention is paid to ensuring that children are given activities appropriate to their stage of development rather than their age, and are moved up (or down) the curriculum as appropriate’ (Attanasio et al. 2012:2).

In Canaguilla, before the work at field level even started, if we look at it from the point of view of the science on which it is based, there were significant limitations regarding the extent to which the local facilitators could have been expected to make a difference in children’s lives in the best of cases, as they did not count on the necessary materials. Irena, the local facilitator, worried that she did not have enough toys to leave one for each child, made use of my children’s old ones. When I enquired about the *Guide for playing and learning in the family* or any type of structured curriculum, as referred to in her manual (MIDIS 2012), she said she did not have one. She did not have any specific ability-based plan for each child, nor any specific tasks or challenges set out for different levels. She was left to her own devices to ‘play’ and to urge the mother to do the same. Though the curriculum was missing, in other ways the Peruvian style of visit was supposed to be highly structured. I learned in the training session that the Peruvian version of the home visit involved five steps, with several transition steps to sing songs between these five, which resulted in quite an elaborate procedure. The same values as mentioned in the international literature were indeed present: there was frequent mention of the need to show affection (later I will remark on how this does already exist, despite widespread stereotypes of inexpressive Andean parenting) and to communicate verbally with children, and the importance of using play as a path to learning. I did also see a few examples of locally adapted stories and toys. Yet these

were still not available for the local facilitator in Canaguilla. The international expert mentioned there was a risk that this combination of strict structure without clear learning tasks could result in little impact. ‘It’s not about letting the child explore, it must be didactic,’ the expert expressed. As we will later see, I suggest that this lack of clarity in programme implementation contributed to mothers’ difficulties in identifying any practical or measurable outcome.

Through the concept of reproductive governance, which includes considerations of political economy and transnational influence in reproduction (Ginsburg and Rapp 1995), links can be traced from the intimate, or family behaviour in the home, to larger international networks, as we can observe in the role played by science and policy advisers in the *Cuna Mas* example. I have set this out so we can move on to see how the rolling out of the carefully-justified plan translates into something different than expected.

5.3. Building the programme in the village

In this section we will see how women went along with the *Cuna Mas* programme because of social ties to the local facilitator employed to implement it at village level. The purpose of the programme was not clear to women, and they did not see the value of the service. They came to explain their participation not on terms of the content of the state offer, but in relation to the state as representing an employment opportunity in the village.

Starting up the programme

Irena, the local facilitator, had to form a group of at least eight mothers, according to programme guidelines, to have enough families to visit in order to justify the financial compensation she would receive. She told me that this was a very difficult process, as only one mother initially showed interest in participating. Only women who are pregnant or have a child three years of age or under were eligible to participate, according to programme norms. Because of the small population of the village, she needed to count on almost all of the women in those conditions. So she visited all eligible families, around ten, however, only two were willing to join on her initial approach. Irena was advised by her superior (the technical companion) to extend her working area to cover the village of Suarin, an hour’s walk uphill, in order to gain

participants for her group. For the initial months of the programme, her work was spread over the two villages. As my fieldwork got underway, she was attempting to increase participation in Canaguilla, in part in order to avoid having to work over such a widespread area, and also due to programme goals to increase coverage in the village. At that time, a new technical companion, Dora, started work in the area, who explained to me that she was sent to the area ‘to show results’ in response to local women’s ‘resistance’ to the programme. One by one she and Irena visited all the mothers with children three and under, and ‘got them involved’, according to Dora, by emphasising how the programme would lead to success in school.

I observed that another strategy was also introduced to increase participation: the insinuation that the *Cuna Mas* programme was affiliated with the *Juntos* cash transfer programme. The new technical companion and the *Juntos* coordinator gave a presentation to *Juntos* local presidents that made it appear that *Juntos* participating mothers were required to join *Cuna Mas*, mentioning that there would be a ‘sharing of lists.’ Irena told me that Maura, who had at first denied her pregnancy to avoid Irena, finally agreed to enter the programme when her baby was over a month old. ‘In May she entered. With *Juntos la obligamos* [we made her join]. She said “okay if it’s for *Juntos* I will do it”.’ The way that *Juntos* has been made use of to promote programmes and behaviours additional to the core *Juntos* conditions was touched upon in previous chapters.

After a few months, Irena managed to form a group in Canaguilla, and no longer had to walk to work in the neighbouring village of Suarin. What I found to be most significant was the way in which women later explained their participation in the programme. They most often referred to it in terms of support for Irena, their neighbour. Though Maura had said it was because of *Juntos*, she later told me it was to help Irena: ‘She wants to work, she is my neighbour, so I accepted.’ One mother said she agreed to join ‘to support Irena. If not, she won’t get paid; she will have to walk far to other villages.’ Another admitted to me, ‘my husband really didn’t want me to, he said “that is nonsense” but Irena visited me around eight times, pleading, so I said “okay, come when my husband is at work.” But now he knows, so it’s okay.’ Linda also had to negotiate with her husband: ‘I mostly entered to support Irena. My husband didn’t want me to. He said they will start making you do things.’ We can see here that women first

are ‘made’ to participate (the word used locally is *obligado* which implies a stronger external pressure than the English ‘obliged’) and there is concern that this will come with additional obligations. In the *Juntos* chapter we saw how that programme insisted on women’s ‘co-responsibilities.’ This sense of obligation, entrenched through the *Juntos* programme, has shaped people’s responses to development initiatives.

We can see, then, that Irena had to take advantage of her social ties in order to ensure she would be able to work in the village, and she was willing to use them to beg women to participate in her programme.

Negotiating access

Not only was the programme accepted for different reasons than expected by policy makers, but the work was also carried out in a very different way. This section is about Irena’s need to negotiate programme content so as not to tire women, on whose participation she depended in order to keep her job. I observed that the Peruvian programme suffered from a lack of materials and specific task guidelines compared to expert opinion, and also differed from the model used elsewhere in terms of the type of scheme envisioned for the home visit. However, Irena could not even carry out the scheme in which she had been trained because of her need to limit her activities to those she felt comfortable imposing on her neighbours, as we will see below (irrespective of whether or not that scheme would have actually demonstrated the expected results described in the literature).

As we saw earlier, because of Irena’s persistence, likely aided by Dora’s pressure, she managed to form a group in her own village and focus her work there. However, much of her time was devoted to walking the long path through the village, tracking down the group members, either to convince them to go to a workshop, or to arrange new visits if they were out at the agreed-upon time. When she did manage to find mothers at home, she had to tread carefully in what she demanded of the participants, negotiating between the scheme presented in training sessions, and what she felt women would accept. Because Irena relied on women to be participants, in order to fulfill her job, she eased into the home visits in a manner as to avoid friction, meaning that they were carried out in a very different manner than they were designed. Linda, for example, accepted the programme as a very limited help in her house, just for one hour (rather than an

opportunity to spend quality time with her daughter). She told me, 'At first I didn't want to be in it because Neli was really stuck to me. So I had to sit there for an hour. But now Neli hears that Irena is there and goes to her, so now it's good because I can quickly do something for an hour while Neli is busy.' Irena told me about her first visits to Jime: 'Because it's a newborn and Jime's husband is a bit difficult all I did was give her one toy and take back the one from last week.' That was the extent of the hour long mothers' orientation and play session she was supposed to deliver.

As time went on, she had varied success in moving towards the programme goals. 'In the training they told us, "You don't have to work much. The mothers have to do the work. You have to teach the mothers the song, and they have to teach their kids".' I asked her if that was true. She said,

In Jime's case, now she gives me the baby, and she goes into her kitchen. Linda was like that too, but now she participates. I explained to her that if the coordinator comes to check me, she has to be there. The last two times she participated. I explained to Linda the five moments: Number one is the greeting, asking 'how is your baby?' and checking if he or she has been sick. Number two is to talk about family life, how to change the baby, how to give the bath, ask what they are cooking, suggest, 'why don't you put cheese in that,' for example. Then three is time to play. Four is a story or song and five is 'goodbye' and also to ask the mother what topic we talked about to see if she remembers.

She explained the requirements to Linda, but doesn't actually go through with them. Over time she negotiated with Linda: Irena would help her cook, and then later Linda would do a puzzle with her and her daughter. She only carries out all the steps with Mari, who was enthusiastic right from the beginning. At Lena's home, for example, I saw how she played with the baby, using a *Cuna Mas* toy, while Lena did the washing, killed a rooster, started to cook, and fed the animals. There was no chat about the baby or emphasis on a particular childcare message. At Jime's house she looked after the baby, watching him while he crawled around, and playing with him on her lap, while Jime, very hectic, got ready to leave for an appointment in a village further down the hill. They had a long talk about machinery, exchanged a phone number regarding that issue, and a brief few words about the benefits of crawling for babies.

Irena's negotiation regarding the content of the household visits contributed to the success of the programme on paper, as it meant she was able to get her participants to agree to visits, to be available at least some of the time. Irena did feel she made some

progress, as the very shy children had come to trust her and she could interact freely with them. As Dora the technical companion had said, the children should then find it easier to adjust to school later on. But the science of the intervention, in which a curriculum is followed with task-oriented play, to have an impact on children's abilities, was not visible. The programme is in its early stages, and it remains to be seen if a more specific agenda will arrive and how that would be accepted. A recent study (Castro 2014) states that wealth has a significant impact on whether the intervention has some level of success or not, as slightly wealthier families (within the targeted poor) respond more actively to the programme by offering some increase in stimulation activities, as compared to lower income ones. Perhaps, similar to what I saw with the *Juntos* conditions, the most vulnerable households find it more challenging to make use of the programme.

We have seen how mothers described their participation in terms of supporting Irena in her employment opportunity. Now we will move to look at their reaction to the actual content of the programme, and will return later to the significance of the programme in terms of representing the state as an employer.

5.4. The half-hearted reception

On the implementation side, due in part to the lack of materials and specific play tasks, and Irena's tentative approach, or what could be referred to as a 'watering down' of the science, the benefit of the programme was unclear. But there were other factors that lead to the lukewarm reception. As we will see, women did not reject it due to lack of interest in the final goal (educational success), nor because the ideas were culturally foreign, but because it lacked anything new, specific or useful that women could hold on to. They were 'giving' in terms of time, but they were not necessarily 'getting' anything, and so the programme lacked credibility. The half-heartedness does not have to do with disagreement over being targeted to shape their children's success, but to do with the hollowness of the state offer.

In terms of education

Cuna Mas aims to respond to a lack of academic success in rural children, and related concerns about their reduced contribution to the national economy. Parents' lack of enthusiasm for the programme is not about a lack of interest in scholarly achievement.

As discussed in earlier chapters, investing in education is seen as a route out of rural poverty. As Boyden notes, education is the channel through which to become a 'professional', or somebody of social significance, and also understood to enable children to better defend themselves and cope with life's challenges. Children echo the perception, as one told her mother, 'We're not going to suffer like this in the mud ... it's better that I go and study' (Boyden 2013:586).

Families show their concern about education by collaborating, investing, and trying to prepare children for school. Jeni told me, 'Eva entered first grade³² when she was five, and she could already almost read. We showed her at home, as she was our first daughter.' Many women hope that now the new government run PRONOEI (a pre-school for three to five year olds) will fulfill that goal. They were very pleased to hear that a PRONOEI was to be opened in the village, due to a combination of increased government funding and the persistent efforts of the village authority. Some children had been attending the PRONOEI in the neighbouring village, although for the smallest ones it was seen as too much of a walk. Women value PRONOEI as a stage in their child's academic progress: 'When I was a child there wasn't PRONOEI, when you went to school it shocked you. Now they at least know the vowels, it makes it easier for them,' Bea told me. Families were prepared to assume some of the costs and responsibilities of starting up a PRONOEI, including renovating and cleaning the room, organising a local Board of Directors and making educational toys out of materials found in the village. As well as supplies for those enrolled (just over £10 per child, more than for primary school), families were also expected to buy construction items, basic office supplies for the Board of Directors, and kitchen implements. Mari told me they were asked to donate sheep skin mats, and collect and paint seeds and bottles, amongst other items. 'We shouldn't wait for presents. With these things we can make materials,' she told me.

The PRONOEI did get up and running, but was always under threat as municipal money had not been earmarked to finish the construction of the hall in which it was located. It was also subject to complaint as the new teacher, Eli, was criticised for her lack of dynamism. Several parents complained to me that 'here they just do drawings.' Towards

³² First year of primary school.

the end of the first year one mother, leaning over to show me her daughter's notebook, said:

We are going to Quisa [bigger village nearby]. In the PRONOEI here Nina is not learning well. In Corugata my nephew, he has two notebooks, one with squares and one with lines... Eli makes mistakes and confuses Nina – last time she drew nine flowers and put that it equals ten!

The same families often also invested time and money in the village primary school, where parents were expected to fix the roof, maintain the school grounds, buy materials and paint the walls, amongst other tasks. Some parents also publicly called for improved teaching quality, blaming teachers for weak academic results. One father complained that the teacher for year three and four of primary spent too much time on physical education, and that the year one and two teacher always arrived late.

Figure 7: Snack time at PRONOEI (pre-school)



Note: The child with the red hat is my son.

Village teachers say that rural children are behind because their parents cannot invest the same attention in their children's homework. Boyden (2013) found some parents in Peru to be intimidated by teachers who for instance, reprimand them for not assisting their children with their homework. One woman told her the only way she can judge how her children are doing at school is by the volume of red pen marks in their exercise books (Boyden 2013:592). Several women admitted to me that they lack the skills to help, but associate the challenge more with their children who are already in secondary

school, not the smallest ones. Mari, talking about her older children, said ‘I tell them “okay today I will check your notebooks.” I insist that they do it but I don’t understand it.’ Mari felt that her prioritisation of education was evident through her constant visits to secondary school teachers to ask about her teenager’s progress, and her scrimping to buy new uniforms each year, and also referred to her efforts to provide nutritious meals. As we saw in an earlier chapter, women have started to link eating well in pregnancy to later school success. One mother even referred to the relationship between infant care and later scholarly success, ‘Walter had to repeat years twice. I neglected him when he was young because I was always working.’ Women recognise that their vulnerable conditions limit what they would like to offer their children. Here we have seen commitment to primary and even pre-school education. We will now talk about how the *Cuna Mas* family accompaniment programme (previous to pre-school) has not yet managed to sell itself in this light and take advantage of families’ significant interest in their children’s education.

Value of play

Women did not associate their participation in *Cuna Mas* as being symbolic of their larger vision of having successful students. I was chatting to Zare and asked, ‘What is *Cuna Mas* for?’ and she replied, widening her eyes, in an expression of disbelief, ‘I don’t know, I really don’t know.’ So I asked, ‘Irena didn’t explain it?’ And she replied, ‘No, she just said to play a while with the baby.’ Linda offered a similar answer. Several others said it was for ‘development’ and to ‘learn’, but the ‘why’ behind the play had not been credibly translated, and the relationship between play and later school success remained very abstract.

I suggest that the problem rests in part in the communication of the activity as ‘play’ in terms of what was defined as play, versus work, or learning. Research in the Andes has also shown that families are interested in pre-school if it teaches their children how to advance in terms of school work. It is judged by how much children learn, and valued as an initiation into more urban ways, while play for its own sake is seen as a waste of time (Ames 2012:457-458). Families have been shown to be opposed to bilingual Spanish-Quechua education, understanding the school system to be the route to shaping children’s future opportunities, highly dependent on mastering the Spanish language (Garcia 2008). In the case of pre-school, I found that ‘colours’ have come to be an

idiom for preparedness, mentioned as a benefit of daycare and pre-school. Clara said, 'Marco was in *Wawa Wasi* last year. In *Wawa Wasi* they learn colours.' Another said that pre-school was useful 'so they know... so they learn colours. So they don't suffer in Grade 1.' The *Cuna Mas* emphasis on having to play irritated Linda. 'For me *Cuna Mas* is a waste of time. When she comes to do the visits and I am busy, I get behind in my chores, because I have to be with her when she makes my daughter play. I can't even do my things until I make her play.' The family was not uninterested in spending time or money on children – she told me in a different conversation that her husband had taught her son to read before he started Grade 1, and I observed that there were toys in the home.

Small children in the village have ample opportunity to explore and play. When under two years of age, they are supervised carefully, warned every few moments not to touch animals or put things from the ground in their mouth. Once they can walk well they are often in the care of older siblings, allowed to venture from the house. When they are at home their play often involves copying household chores, such as dishwashing and cleaning their shoes, and mothers good naturedly encourage their child to continue the task. Mothers start to categorise this not as play but as learning to help. From an early age parents talk repeatedly to their children about the need to help out, about the value of working in the family. Children's play often imitates adults, socialising them for a rural life (Ames 2012) and may involve machetes, stoking the fire and other scenarios that are deemed dangerous and not part of suitable child play in programme terms (both at national and international level experts brought up this problem of the lack of safe play space for rural children). Bolin's ethnographic work in the Andes found that children had developed significant mathematical skills due to weaving and animal herding (2006). In the words of the international expert interviewed above, 'yes, they can sort rice faster. But this is not what the programme is about. It's to prepare them for school,' and insisted, 'If they can see that it is for their children, of course the mothers will want it!' However, at village level it did not consist of a systematic approach with specific tasks, deemed essential in the eyes of an international expert. Ames found in her research in Peru that mothers had wanted children to have learned more than they did in pre-school (2012: 457), and that play for its own sake is seen as a waste of time (2012:458). This may be in part what women were missing: it was not 'science' enough

to have school-oriented relevance, and so they could not identify what they were gaining, by being made to play.

The programme enthusiast

In terms of her interest in the programme, Mari was different from the rest of the women. In Irena's words, '*hay confianza*' or 'there is trust.' She felt Mari was open and interested in what she had to propose. She was the only one to really celebrate the programme. 'It's for playing, learning colours... so they learn... it's good to participate. Look!' she called to me, and showed me the little cloth book that Irena had left for her son Chris, with colours and fruit, and I listed to Chris as he recited it all. Referring to a *Cuna Mas* puppet making workshop, she said, 'I made a puppet and I play with it with Chris. I say "Chris how are you? What are you doing?" and he says "Mummy I am sharpening my knife".' (Though in her proud example we can see how *Cuna Mas* definitions of safe play vary from the real lives of rural children.) She told me, 'Oh if only they had those programmes before. How are they only coming now, with my last child?... Chris learns colours, speaks, greets people.' Mari 'got it', yet this cannot necessarily be accredited only to the *Cuna Mas* programme – I had heard her earlier in a PRONOEI workshop tell a visiting education coordinator that 'children learn through play.'

But even Mari, the enthusiast, can shed light on this important distinction between play and work. She was fascinated by what she called my children's 'work' when she saw them sitting at the table, filling in their colouring books, an activity which I would have labelled as play. She praised how well they 'work.' Desk and book related activities are what parents approve of, to mark their children's progress and difference from their own situation, as they harbor regrets about their own limited education, and what, in Mari's words, 'could have been.' Referring to *Cuna Mas* as 'play', rather than setting out something more concrete, did not help women recognise the shared goal of preparing their baby for later academic success.

'Hand washing' and the same old messages

Women could not identify what they were gaining, information-wise. We already saw that the home visit play sessions fell flat. The group workshops, carried out not by the local facilitator, but by the visiting technical companion, were not popular either. This

was due in part to the inclusion of messages already in circulation in other state services and to the watering down of the programme messages. In this case, despite being a new programme, *Cuna Mas* did not manage to leave women with anything that they recognised as especially new or practical.

As we will see in the examples, there is an oversimplification of material, due to an assumption that local women cannot understand technical information, but also due to the need to shorten sessions or not overburden women so that they won't refuse to take part. Irena told me that the new technical companion, Katya,³³ had said the session would be brief. Though a lot of material was sent from Lima, Katya makes alterations. 'To not take a long time and so the women understand, she makes a summary of the topic and does a summary of that.' We already saw in the first section that the programme in Peru built on international elements, with some re-formulating and short-cuts, so that main technical features are still recognisable, and other agendas are added. Pigg too, in her ethnography of HIV education in Nepal, found that a range of gradients of knowledge, from 'good-enough' to 'semi-useful' and fragmented, trickled down according to publics, and through word choice, translation and explanation, 'people mediate relations between knowledges across this continuum' (2001:512). In hoping to make messages more palatable, local workers translate them.

Katya's style definitely leaned towards the simplistic. The first topic offered was hand washing, one that villagers have heard for at least a decade now. In any case, only three villagers took part (one from *Cuna Mas*, plus a teenage daughter and a sister representing two other *Cuna Mas* members).

We sat on the ground in a little row in front of a bench where a plastic bucket with a tap had been placed. Katya started 'I just have a short and very important message today. About washing our hands. What is water?' and Trina answered 'water is life,' like a memorised phrase. Katya continued, speaking very slowly and clearly, 'And what do we use with water? We use soooooap,' She again stated, 'I only have this one little message, this very important message. Please put it into practice. It's also difficult for me. Maybe you are all thinking "she must be very clean" but I also have to remind myself. It's not like this: "I'm poor and so I don't have something to wash myself with." No, we can be poor and still live clean.'

³³ Dora had been replaced, apparently due to complaints related to her conflictive nature, according to the local facilitator.

The ‘talking down’ tone, however kindly, and the repetition of very simple material long in circulation, did not leave women very enthusiastic. As Trina told me, explaining why women don’t want to attend workshops, ‘we want to hear something new!’ Katya said she would be back in a month for a more interactive role-playing session, and demanded that all *Cuna Mas* participants be present. I was curious to see what it would bring. A month or so later we attended the next session:

Irena had managed to round up a few more participants than last time, insisting the whole process, lunch included, would only last an hour. We sat clustered in front of Katya, on stones and logs. She told us ‘I will give you just a brief message: remember, you are in charge of your children’s competence. That’s all. It will be that one short message.’ Then she led us through an activity where we all had to close our eyes and she urged, ‘think of a place you really love, in your memory, now think of someone you really love being there with you, now remember a good memory of something special that happened with that person’ She asked us to build up the picture in our minds. Then we were encouraged to describe it out loud. ‘Linda?’ she asked, but Linda just laughed. So she shared her own image. ‘I was in the park with my kids. We had a really nice time, and they were asking me for food. I remember that as a nice moment.’ So then Linda said, ‘Yes, mine was about being with my daughter.’ Zare said the same. Then Katya spoke about how our children would have all those memories, so ‘if we don’t treat them well, if we are impatient, if we are really busy trying to get food ready to bring to our husband and our child comes and what do we do? Here comes the slap! Then our child will remember that and will not feel good. Children need competence to succeed and need to be able to talk in school without fear. We need to show patience. If they feel bad they will be shy, not confident. Like you, when I asked you to talk in public about what you remember and you didn’t. They need to be able to talk without fear. They need preparation, plus good food.’ After mentioning the merits of quinoa and referring to the quinoa dish Irena had prepared for after the session, she again emphasised that if you treat your child badly or don’t show patience, your child will be scared and quiet. ‘Remember – competence depends on the parents. They need love, affection, security, kindness.... That was all. We just needed to do that short easy message.’ She asked them to repeat it: ‘Now, what do our children need? You, Linda?’ and answered her own question: ‘kindness, care, that’s right.’ Then she tested them on the previous months’ session: ‘What did we talk about? That’s right. Hand washing. When do we wash our hands? That’s right, after the bathroom, before eating...’ Irena started serving the food, and that was the extent of the workshop.

A few days later I asked Maura what she thought of the event. ‘They told us we should treat our children with love, and there should not be violence in the home. Nutrition demonstrations, *Cuna Mas*, it’s the same. It’s a waste of time. They say the same, I am tired. I went because Irena came to remind me, but I didn’t want to go.’ Maura said that at the health center they are already ‘teaching us how to make babies learn well,’

suggesting activities to stimulate babies, and in the same conversation, I overheard her berating her older child to wash her hands before eating. State programmes seem to be held back from offering something more dynamic and less repetitive, perhaps due to assumptions of limited capacities for comprehension of rural populations. Provincial level technical staff, aware of women's weariness with state education sessions, make changes to shorten programme content, which may have the unintended impact of leaving women with even less incentive to attend. New information would have been more of a draw.

By emphasising the simple nature of the messages, staff people are perhaps contributing to underwhelming women. There was much more emphasis on taking multiple pictures of children washing their hands in the demonstration session after the short hand washing speech, than there was in discussing the issue with the attending women. And much more time was spent eating the meal than in chatting about childrearing with 'kindness' in the workshop. I am not suggesting that women would have preferred to dedicate even more time to the activity; however the delivery accentuated the bare nature of the offer.

Local practices

Building on this idea that the 'science' is missing, and the *Cuna Mas* messages were repetitive, we can add that they were also underwhelming in that they did not actually represent such new behaviours.

In the workshop above we were told about affection and kindness. Affection and verbalisation were not necessarily received as new concepts. There is traditional evidence of those practices, and at the same time women positioned themselves as already having learned parenting messages that were brought to the village (as described in the *Juntos* chapter). Mothers are very physically comforting to their babies and toddlers, who are often carried on their backs, and remain wrapped up close even when mothers sit and rest. I saw Irena kissing and hugging Maria in public. Authors have pointed out that traditionally rural families do identify the first five years as a time when care and affection are necessary, when a lot of learning takes place (Del Pino et al. 2012, Ames 2013:146). Women sleep with their children long after they are toddlers. Juanita said about her four year old, 'He wants to sleep holding my breast and if I move

he says “Mummy don’t you love me” and is always saying “my breast, my breast”.’ Bolin’s experience demonstrated that Andean children may sleep with their parents until they are four to five years old, yet at the same time independence is valued, and at age two they could serve their own food and eat (2006). Several women commented that they cannot bear to leave their smaller children. Children are valued as company – Jeni (whose husband works elsewhere) told me that she feels much better travelling to the jungle and working her land there if she brings along Ari, four, to keep her company.

When she attended her second training session for facilitators, Irena was told to ensure that mothers talk to their children. There was a repeated emphasis on verbal interaction. As I heard the provincial-level technical companion explain to facilitators, ‘tell the mothers “While changing your baby’s diaper, talk to him, ask permission, tell him what you are doing: I’m going to take your pants off now!”’ I had already noticed that toddlers and small children are assumed to be partners for conversation, and that talk is used to educate babies. When I said that I would be on my own for a month, without my children, Vera commented, ‘No, at least keep the small one with you here, so you can converse.’ Village women often offhandedly referred to conversation with their children, from infant to young adult, as their principal technique for orienting their behaviour. ‘How did you toilet train him so early?’ I asked. ‘Talking to him, telling him, I pulled down his pants and got him to go,’ said Juanita. This explanation of ‘talking’ was used in relation to getting children to do homework, to not marry early, or for pre-school children, to learn to help in chores around the house. Some had seen this dialogue start with newborns, while others said that it was rare, as women these days ‘have no time.’ Trina remembered:

My grandmother told me that she spoke to my uncle when he was a baby. That she said ‘you are going to do be a lawyer, do you hear’ and the baby was happy. And if she said to him ‘you are going to be lazy, you are going to just sleep all the time’ the baby would wriggle and look bad and try to get away. She told him ‘and you are going to bring me to live in Huanta.’ She said you have to talk to your baby. And it came true, he did bring her to live in Huanta! He was a police-force doctor. My grandmother said that if you talk to babies, they will learn to talk earlier.

Child rearing models are undergoing significant change and families are defining their children’s experience in contrast to their own, an issue I touched upon in the *Juntos* chapter. (For example, as I mentioned earlier, Ernesto recalls hiding from his violent father, and says that they have learned not to hit children, now. Younger parents frown

on corporeal punishment if observed, though joking about hitting, and threatening to hit, is common practice). Children are subject to new expectations within the family, which corresponds with a decrease in fertility, partly so that families can afford each child's education.

Affection and verbalisation were present in some forms, even if not in a format expected by western psychology, and in any case before the arrival of *Cuna Mas* people were already prepared to support children for academic success. Unfortunately for *Cuna Mas*, the programme has not managed to be recognised in those terms.

The international expert I spoke to insisted that what is needed is didactic, guided play, as opposed to free play. This type of didactic play is not a regular part of daily life in rural Peru. Part of the confusion rests in that in the technical training course, this concept of didactic play morphed into a sort of more general need for 'stimulation.' I heard a staff person explain: 'a child alone, in the house, hit, closed in, how will he or she be? Shy. And one that goes out to the park etc. etc., will be uninhibited, social, will talk out loud.' In actual fact, rural children are not shut in the house, but are free to explore. I even saw a six month old sitting happily by himself on a mat out in front of the house, chewing a dried corncob and watching the chickens, while his mother was in the kitchen. Children enjoy more freedom than their urban counterparts. The technical staff's use of the expression 'lack of stimulation' was not necessarily an accurate explanation of experts' concern with the lack of task-oriented play, nor did it reflect the particular reality of many toddlers in rural areas who in fact did have many sources of stimulation, whether or not of the type deemed required for cognitive development. This detail is sensitive as it appears to reproduce a hierarchy of urban lifestyles and conditions as superior to rural ones when in fact staff are describing poverty in an *urban* area (shut in the room, versus out in the park). Although rural women do not question these types of explanations, they do not identify with them, and so distance is inadvertently created in the training process.

In the end, women are signed up for a new programme, targeted as in need of state support to move their lagging children on the path to scholarly progress, yet it is difficult for them to recognise what is being gained to help solve their children's education gap.

5.5. *Cuna Mas* as Development

We have seen that families do associate education with development or progress, but that *Cuna Mas* activities are not well linked to women's vision of a professional future for their children. Even though several cited 'development' of the child's body/mind as the purpose of the programme, and Mari, the enthusiast, finds her child to have advanced in terms of school preparation, in general it would be a long shot for them to locate *Cuna Mas* as helping them in terms of their struggle to get ahead. Women see *Cuna Mas* as part of the state's initiative to invest in children, and do not contest the way in which they are targeted by the state as partners in childrearing responsibilities. However, as we will now explore further, *Cuna Mas* appears as development in the village in ways different than expected.

Mothers' role in development

As we saw from the beginning, in the case of the *Cuna Mas* goals of improved child cognitive development, rural Andean mothers are labelled as potential risk factors for their children's success, due to the home environment associated with poverty (Walker et al. 2007). Mothers are also feted as the solution. Women, in their reproductive role, are made use of by *Cuna Mas* as care-takers, citizen builders, to improve the opportunities of the rural population. The reproductive role of poor rural women is used to help the state frame and manage state development challenges. Structural problems such as poverty can be sidestepped, and addressed through behaviour change solutions, passing the responsibility to women. As Chen has pointed out, in the case of family planning in China, the state represents science-based technical answers, in contrast to the habits of poor rural mothers, who are positioned as deficient compared to the state's modernity project. 'In doing so, the state not only justified its modernity-promoting project but also effectively legitimized its sustained intrusion into rural citizens' private sphere of reproduction' (Chen 2011:43).

As I already pointed out in Chapter 3, women are not just held responsible for their own children's health, but 'by essentialising mothers as the primary caregivers they are made wholly responsible for the welfare of the nation' (Smith-Oka 2012:2276). In the rural Andes, there is an insinuation that the child's productive future is in the hands of his or her parents. The *Cuna Mas* Guidebook mentions the goals of enabling children to

develop thoughts and construct values to be democratic citizens (MIDIS 2013a). This risk/responsibility role for mothers is also displayed in Horton and Baker's work on Mexican immigrants participating in an early childhood education programme in the United States. The programme director 'exhorted a room full of immigrant mothers, many of whom work part to full time in the fields, to assume full responsibility for their children's educational development' insisting 'you are the most important person for your child' (2009:792). Mexican immigrant mothers are approached in an attempt to shape their assumed backwards behaviours (attached to their status as immigrants) into model parenting, as the door to their child's citizenship (Horton and Baker 2009:791). The *Cuna Mas* programme also insinuates that the path to overcoming disadvantage is up to the mother, that the solution can be taught, and in this way the poverty cycle can be broken. Andean farmers, like Mexican illegal immigrants, both want their children to 'become someone', compared to their own low status and so categorise the programmes, and the way they are targeted as mothers, within this generally optimistic light, despite disappointment regarding their actual implementation.

The difficulty rests in the fact that the demand for mothers' participation in education is not met equally by a visible improvement in the quality of public education provided by the state. The fact that under *Cuna Mas* women are being asked to take on extra duties to assure future scholarly success lacks credibility in the face of the lack of satisfactory state services once the child does reach school age. As rural residents, parents feel they are not guaranteed access to a professional public service. As Horton and Baker describe, in their study on Mexican immigrants, 'the state's emphasis on creating a 'fit' generation of young citizens' coincides with immigrant parents' own hopes (2009:793). However, they found that parents of children identified with severe dental health problems had no dental healthcare coverage, could not afford private care, were repeatedly blamed and stuck in a loop without a solution. In the Peruvian Andes, families agree that children are a path to progress, and are willing to shoulder much of the responsibility (having invested in getting a preschool up and running, as well as, in many cases, covering affiliated costs of older children through high school and beyond). Yet they are left with many doubts about the extent to which their desire for progress will be met by the provision of state services, perceived as low quality, in terms of rural primary education, or irrelevant, in terms of *Cuna Mas*. That they have to invest in

playing for development does not fit with their existing priorities for assuring their families' progress.

As a second point, women are being targeted for development in their reproductive role, while in their vision of progress they prioritise themselves as economic actors. We already saw in the *Juntos* chapter how a good mother means one dedicated to working to pay for her child's education. Development implies education, and education is first and foremost an economic issue. In this sense, the *Cuna Mas* insistence on women's role in terms of assuring the quality of the population by investing in play contradicts what women already know to be their essential responsibility – working to pay for education. For women, it would take a considerable suspension of disbelief to agree that guided play would have more significance than earnings in order for the family to get ahead. While women agree that 'good mothers' as those who cook well, look after hand washing and also homework, who buy school supplies and who do not miss meetings or health appointments, they also insisted that, for their children, they have to work, to earn money, so that children can eat and study, as we already explored in Chapter 3, in relation to the *Juntos* programme.

We also already saw in Chapter 3 that women are pushed to take part in additional activities and that their participation is needed by state workers to make programmes a success. I mentioned their complaints about the Healthy Community initiative, from the Municipality. Women complained that they were required to clean up the community, make public play areas, improve their houses, attend training sessions, all based on their status as mothers, while government workers, on top of their salaries, received new jackets and other materials for individual use, as part of the programme budget. It appeared to them as a kind of corruption, that as mothers they were taught 'what we already know' and made to work, while professionals were seen to benefit from roping them in based on their status as mothers.

Dora, the technical companion, interpreted her role as having to ensure high participation rates (numbers are always reported in the *Cuna Mas* monitoring system), and so mothers' presence was required in order to make her job a success. One day she pressured the local facilitator of a nearby village to make sure that women arrived for a workshop, though in the end very few attended, and so Dora became angry. The local facilitator finally replied, 'The women are not cows, which I can pull over here with a

rope around their necks! They are women and they have things to do!’ meaning that the women were busy with other priorities, and that she could not force them to attend Dora’s event. Despite the official voluntary nature of the programme, considerable pressure was put on women to attend, so that it would appear to be meeting with success.

Sometimes women’s presence was not enough: at the beginning of the programme, mothers were told to make ‘play corners’ out of household materials, which meant a kind of mattress for the child to sit on, some place to store the toys off the ground - a safe, dry, special corner for the child - and were given materials and taught to make toys, such as a crocheted ball. At one meeting I heard Dora chastise Mari, ‘Did you do the crocheting yet? Well, when are you going to do it? There will be an inspection! The treasurer will pull your ears!’ One of the mothers, very shy in public, said to me in a different moment, ‘Fine, they can come and see if I have a play corner, they can kick me out if they want, this was supposed to be voluntary anyway!’ Dora left the position, and it was rumoured that she was removed because her conflictive nature sparked too many complaints, upsetting the fine balance between pushing women to participate and alienating them, risking her own job.

The state as an employer

We saw above how most village women linked their participation in *Cuna Mas* with support for Irena’s effort to gain employment. Although programme policy makers decided to offer financial compensation for local facilitators, recognising it was necessary to get the job done well, it was not expected that those targeted for the *Cuna Mas* activity would explain their participation in those terms as well.

State jobs are already coveted. As Pigg observed in Nepal, ‘from the local people’s perspective, the tangible advantages of *bikas* lie less in receiving the benefits of programmes (though no one minds if an agency decides to bring them piped water, build a clinic, or install electricity) than in becoming one of the salaried workers who implement *bikas* (1992: 511). As we saw in Chapter 4, villagers often demonstrate little faith in the public system, medicine-wise. However, they aspire that their children get a job, for example, as a nurse or a doctor. When I asked the village children in primary school what they wanted to be when grown up, the most commonly repeated answer

was some sort of health professional, usually doctor, but several specifically mentioned that of pharmacist. Teacher and military came next. A teenager in her last year of high school told me, ‘All young people have to go to the health centre once a year for weight and height. The health workers are really nice... I want to study nursing or pharmaceuticals.’

To work for the state is seen as legitimate and stable, and positions such as teacher or nurse are desired, for status and benefits, even if they are categorised as secondary to the private sector. As Mari said, sounding tired,

Look at the employees of the state. They make at least something. If they are sick they have insurance... They have a salary, even if it's just a little something, from the state... We work, with or without food, if we are sick, in the *chakra*. We always have to work in the *chakra*. If we don't work, there is no money.

For the state, the technical companion position is a salaried employee, while the village-level local facilitator position is not presented as a job, even though it is viewed locally as such. The state sees it as formalising a volunteer position. A *Cuna Mas* official explained that the payment is just a ‘tip, a way to recognise their needs, not a real salary’ yet for the village women it represents a real job. It is more than any other woman is paid, even the new pre-school teacher. In Peru, state programmes have often relied on the free labour of volunteer women especially in the area of health and food assistance (Ewig 2010, Boesten 2003). Here a step has been made to recognise the local facilitator's labour. The ‘tip’ situates the position as a desirable employment opportunity. Research in India shows interesting parallels in how the status associated with the position becomes very important at local level. Association with the state, as an employer, was desired, even if in government eyes, the programme was conceived of as a cheap way to forward government goals (Unnithan and Srivastava 1997:175).

After finishing my fieldwork, I found that the high value attributed to the ‘tip’ is not unique to Canaguilla. In *Cuna Mas* evaluation reports there is evidence that in other areas community members participating in overseeing the programme operations have suggested that the facilitator role be rotated so other community members can get the job (MIDIS 2014), though this does not really fit with the programme system in which the local facilitator builds up her training level as well as her relationship with the children.

In *Cuna Mas*, now the onus to give up time for state goals is passed on not to volunteer agents, but to participating mothers, creating tensions. As introduced above, Gupta wrote about the Integrated Child Development service in India, and found that, similar to the case in Peru, the government considered the women workers to be volunteers. They were not described as teachers, which was how they preferred to refer to themselves. Their position was seen by the state as a continuation of their ‘motherly’ role, yet they were required to do surveillance and teaching, outside of the home. Gupta points out this contrast in natural and professional expectations (2001). This was an issue in Peru not just in terms of self-definition – the *Cuna Mas* work was seen as a job – but for how other women saw it as well. For Irena, these overlapping roles meant she had to be careful, negotiating with families, as we saw above. As well as being a low-cost option, local women are trained for the task as they can be ‘close’ with women, yet being paid to do it, and, even more so, having to take advantage of friendship networks to get women to participate, can raise tensions in the village. Linda, who early on agreed to participate to support Irena, started to voice some frustrations to me. She asked me about Irena’s salary, and said ‘I think they pay 350...’ (about £72) and trailed off. Her own salary for cooking for 50 schoolchildren every weekday is just 100 *soles* (roughly £20). She then commented that Irena was not showing up on the planned days, and called it a waste of time.

Irena was surprised at the implications of crossing this line, of being associated with the state. One mother questioned why she had to keep signing papers, and began to circulate her suspicions about misuse of supposed large sums of money that were destined for participating women. Irena told me,

Linda heard Maura telling Lena that in Ayacucho the mothers in *Cuna Mas* get 600 *soles* a month. That after doing this embroidery and everything they are all going to get 10,000 and more even for the babies who have special needs, like Lena’s. Maura was also questioning me ‘why are you always making me sign my name, why do you have all these questions, why do you need my DNI [identity card] number?’ I told her that it’s for Lima. That the questions also come from Lima, that I have to do it. She thinks people in the *Cuna Mas* office are hiding things. ‘Not you’ she said, but I felt strange, I was shocked.

Similar reactions were noted by Gupta, in India, where women felt they were giving, and not getting. They asked why they had to give data about all family members, if only the child was receiving food, or why they would have to weigh the child, if the food had not yet arrived (2001).

The problem with the *Cuna Mas* family accompaniment programme is that perhaps it is representative of development as a paid employment opportunity; however it does not generally represent a benefit for the women involved. They complained about it in contrast to the other *Cuna Mas* programme, which I mentioned in the introduction, which functions as a daycare. Linda, the school cook, actually asserted that she had been misled into participating, understanding that Irena's service would eventually become a village *Cuna Mas* daycare, like the one operating in the nearby village. As explained earlier, the previous administration's *Wawa Wasi* programme (more of a daycare service) was renamed *Cuna Mas* daycare, and the *Cuna Mas* family accompaniment was initiated as a new branch in rural areas where *Wawa Wasi* was not already established, causing some confusion in the villages. The *Cuna Mas* daycare service allows women to get on with their work: '... *Cuna Mas* in the house is just a moment, that's all, the other one is better, is a big help' said one mother, and another commented, 'There is *Cuna Mas* daycare in other places, I don't know why there isn't here. They feed the children, get them to play. Why is the programme here only for one hour?' The introduction of the home visits as opposed to the daycare left them feeling more disadvantaged. That it does not contribute to solving women's daily efforts to get ahead, but actually takes time away, is an important critique.

The location of development

Women locate their biggest challenge as an economic one – how to pay for their children's further education, as we saw in Chapter 3. Rather than prioritising actions in the home, with infants, women are highly preoccupied with saving in order to send their children out of the village. State policy is locating development in this programme within the sphere of the mother's actions – investing in training mothers to pay attention to their babies. State investment in children considers the family unit and the community as static, the people as fixed within the community. In fact, while *Cuna Mas* is asking women to invest time in the domestic sphere, to improve scholastic success and overcome poverty, women themselves consider access to development through education to be located elsewhere – not just outside of the home, but outside of the village. Many are outward looking and anxious to leave. Conditions are indeed better in Canaguilla than in some parts of the region, because there are secondary schools available less than an hour's walk away. However, several families opt to send their

secondary school aged children to the city with older siblings, in search of better quality schools. Juanita was worried about her boys, living alone in the city,

I used to want to go every day to see if they are okay. Now I am always phoning and I worry when they take too long getting home, what they eat, if they are bothering to cook. I have to check if they have cooking oil. I worry about who they are with. Before I lived fine when they were all here, at least all I had to think about was having enough food.

Several women told me they were even thinking of leaving for a better primary school. As Irena said, 'Edu wants to go for Nina's studies. He says, "For my daughter, so that she is better than me".' Looking at the Young Lives data, Boyden explains that education is a driver of child migration (Boyden 2013:581). The Young Lives study in Peru indicates that education infrastructure is of better quality in the city, and academic results are higher (Young Lives 2015a). Severe problems regarding access to and permanence in secondary school, as well as poor quality of public and rural education, have been documented (Vargas Valente 2010).

What remains to be seen is if families can actually make their vision work out. In Peru, 'educational institutions, in particular, have paradoxically been the sites that both nurtured expanded social mobility the most but also reproduced racial and class-based exclusion' (Hill 2013:385). As Thorp and Paredes point out, some children did not notice they were '*Indio*' until they left the village for school (2011). Juanita told me that when the whole family left the village to try living in the city for a year, to get the children into better schools, her daughter came home one day and asked, 'Mum, are we poor? Children at school ask if I'm poor because I just have one uniform and these shoes.' Through the school system sometimes children learn to distance themselves from their roots.³⁴ Jaqui, a teenager seen to make an effort to dress with trendy clothing, would not inform her elderly mother of parent-teacher meetings; Trina told me that Jaqui did not want her mother to be seen at the high school.

In reality upward mobility is limited by class and income gaps are sometimes worse when education levels increase (Hill 2013:389). Boyden raises a similar concern, that other obstacles prevent the poor from accessing good employment. 'Increasingly, child

³⁴ With the aim of counteracting this, there are Ministry of Education programs, some supported by UNICEF, to integrate local traditions into the curriculum, such as singing in Quechua, and I observed the Canaguilla school director taking children out to practice harvesting corn, which of course, all the children already knew how to do.

migration for schooling may merely be reproducing or even heightening socio-economic inequalities, rather than mitigating poverty and economic insecurity' (Boyden 2013:596) and another study notes that migration and the expansion of formal education have largely been neutralised (in terms of contributing to social mobility) by a lack of change in economic and cultural relations (Márquez et al. 2007:107).

Families have to balance their investment in the community, in building up local infrastructure, with their individual desires to migrate. We saw above that they put time and effort into making a space for the new PRONOEI to function. I noticed that Jeni was weighing up whether she would agree to pay for plastic walls for the local PRONOEI, as she wanted to try to move her daughters to the city (for the last year of pre-school, for one, and the first year of high school, for another). Just as the central government is watching population numbers, to make investment decisions in rural communities, in line with the new administration's interest in investing in children and social inclusion, so too are the parents. Families foresee, however, a gradual reduction rather than increase in state education infrastructure, based on their own population calculations. One of the mothers said, 'Maybe there won't be a PRONOEI next year. Only Chris will enter' and her husband commented that the primary school too would be in danger: 'Before there were a lot of students in primary school in Canaguilla, 200 even, and now there are only 50. Now there aren't any more children. In two years it will disappear.' (This is not only because of migration, but because the government invested in rural schools and so now Canaguilla does not serve such a wide outlying area).

Numbers shift not just because parents aim to send their children out of the village for a better education, but because families' livelihood strategies do not allow them to remain static. One of the *Cuna Mas* participants kept missing Irena's visits because almost every weekend she travels to her land in the jungle to help her husband manage their crops there. Women as well as men travel to the jungle, and although they rarely bring their primary school aged children, they often remove their children from PRONOEI, meaning that official calculations may differ from actual attendance. So, for some mothers their reproduction has geographical implications in that it increases their outward orientation, in a constant question of when and how they will manage to move to the city to gain access to better schools, or if certain family members will have to

leave to work elsewhere, to cover education costs. The policy idea is that women can change their parenting to rescue their children from a life of poverty. Yet mothers see that to rescue their children from the rural condition they have to actually geographically move them out of the village, away from underfunded state schools.

As Irena's husband mentioned above, 'there are no more children anymore.' This exemplifies a central contradiction in how development is linked to reproductive governance on the ground. First of all, expectations that rural women should reduce fertility permeate village women's relationships with public health workers. Fertility has dropped markedly in the region, from 5.4 children per woman in 1996³⁵, to 2.5 in 2014 (INEI 2015). Women told me that they felt stigma when pregnant, if they already had a large family. Maura denied her pregnancy. Irena, in her quest to get the *Cuna Mas* group formed, described her attempts to sign up Maura, pregnant at the time: 'They said in post she was pregnant so I went to visit and she said to me "who told you I'm pregnant, I'm not pregnant, I have always had this belly" so I didn't bother her anymore, even when I saw her baby son. I didn't go back until he was a few months old.' Another woman criticised the bad treatment she received at the post when she was expecting her sixth baby: 'The doctor said to me, "Do you have a job? Your husband is professional? To have babies one after another!"' Mari got angry, remembering, 'One time the doctor said, "Why don't you look after yourself with an injection? Are you a millionaire to have all those kids?"' Village women agree that it is better to have fewer children. Linda, for example, is settling on two, so she can afford their education. However, women are starting to pick up on the fact that their reproduction can mean contradictory things. On one occasion I overheard women complain about grumpy health workers only to then comment amongst themselves, 'Why do they insult us? Without our babies, health workers have no jobs.' Villagers were suggesting that their reproduction is necessary to maintain others' careers.

Women also realise the state is only able to invest in certain services at village level if there are enough babies and pregnancies. Irena needs a certain amount of mothers with babies or pregnant women to form a *Cuna Mas* group and had to search out pregnancies to ensure that her job would continue at village level. The continuous pressure to keep the numbers up was a source of humour amongst the families. 'I need some pregnant

³⁵ <https://www.inei.gob.pe/estadisticas/indice-tematico/brechas-de-genero-7913/> Last accessed April 7, 2016.

women!’ Irena told us, looking directly at our midriffs, as women patted each other in jest, in order to check. She was not the only one faced with that problem. Reproduction is the key to investment in village infrastructure and the presence of state programmes. Both the village authority and the PRONOEI pre-school coordinator from the provincial capital reported that without more pregnancies the funding for the PRONOEI was in danger. This information had spread: as I helped one villager (whose children were already high school age and older) with the corn harvest he laughed and joked, ‘We are very worried because there are no pregnancies! I myself can’t even sleep at night thinking about it!’ The PRONOEI teacher, also a village mother, said ‘Franco [the village president] was doing papers early this morning, making us sign that we are pregnant. He made Belinda sign as pregnant and me too. We are falsifying documents!’ I do not know if she really did sign the sheet. She said he told them to ‘get started producing babies.’ Belinda joked about it, ‘Ok, I can produce a baby so he can get his pre-school. But will Franco come up here and pick me up on his motorcycle to bring the baby to health checkups? Will he drive up here with baby clothes, and food?’ Belinda helped me see the nature of the proposal: Yes, her baby would have value for the village authority and the community as a number to gain access to state funds, yet who would cover the individual cost implied?

Babies and pregnancies matter, in this sense, for the efforts of district and provincial representatives to channel state resources towards the development of specific locations. The current village president, aware of funding opportunities in early childhood education, is eager to show that his village is a suitable site for investment and to leave his mark, obtaining projects for the village. Families too are aware of how counting children matters for the struggle to unleash resources. I heard various comments regarding the tensions between village authorities in Canaguilla and neighbouring Corugata regarding how children from Corugata attending Canaguilla’s primary school make the primary school viable (in terms of attendance numbers), and how the new pre-school in Canaguilla is undermining Corugata’s already-functioning service, given that toddlers from Canaguilla will no longer have to make the trip to Corugata.

At the same time, the way that population stability is a factor in deciding which villages are eligible for certain services and how this is understood at ground level can appear to contradict the messages of local public health nurses to spread family planning

techniques to village women. While individual women look at how they will finance their children's path to progress, in line with development messages that few children are better (for nation and for family), and consider migration to an urban centre as a family strategy, they also share the village president's interest in improving infrastructure and services to develop the village, and worry about the primary school's declining numbers. Families who have many children are frowned upon as a sign of lack of progress and at risk of reproducing poverty, on the one hand, yet on the other hand, villagers are aware that a lack of babies leaves their village as lower priority when district and provincial infrastructure investment is being discussed. The challenge for the state of how to finance services for widespread rural populations invites consideration of how these policies materialise at village level, according to various interests at play, and how implications are raised in relation to women's individual reproductive bodies.

5.6. Conclusion

As we saw, women's general dismissal of the programme does not indicate resistance, rejection, or even active distancing from the state development agenda, its scientific justification or the targeting of their children, rather it can be seen as a practical re-conceptualisation of what the state does offer in terms of development. Both the state and village mothers are indeed interested in the 'quality of the population' (Gupta 2001). That is, women are indeed interested in development in terms of investing in children's education, but they do not relate *Cuna Mas* to this goal. They are more likely to see its worth in terms of an employment opportunity, which is a more practical indication of development at village level. However, it is not accurate for me to critique the programme in terms of a misdirected application of child development psychology rooted in Western ideology as ill-suited to village reality, as mothers themselves are in fact predisposed to accepting new child rearing models, as long as they see how these fit with their own interest in helping their children get ahead as 'professionals' in an urban economy.

These issues are relevant for the way that the state is involved in supporting vulnerable mothers in any context. Although it may very well be true that outreach programmes promoting early childhood development and particular mother-child activities help children to make progress, it should be clear that this means progress in a particular

social model, however widespread that model has become. As the expert I met commented, regarding the recommendations to vocalise and interact with small children: ‘it’s natural for middle class mothers. For mothers who have gone to school, it’s natural... the need is universal – mothers have to look the child in the eyes, talk to them.’ Yet supposedly the poor have to be taught, they require special investment to shape their behavior, to become normal citizens.

Women, however, fear that lack of economic resources puts their children’s academic future at risk, not a lack of early childhood stimulation. In fact, research on the *Cuna Mas* programme has displayed that ‘low levels of wealth can render the intervention ineffective in changing caregivers’ behaviours and expectations’ (Castro 2014:26). The emphasis on play and interaction ‘implicitly assumes that the lack of these skills is the only binding constraint preventing parents in poor families from having a more active role in influencing their children’s early environment. This is a strong assumption to make if resources, in general, are scarce, as is the case among the populations these programmes are meant to serve’ (Castro 2014:6). The author found that play did increase, but seemed to be limited more by wealth than by the education level of family members (Castro 2014). Like women themselves, he read the problem as poverty. As also summarised in the Young Lives study, there is indeed evidence that early childhood education investments can contribute to global policy priorities such as tackling child malnutrition, increasing children’s successful participation in school, and strengthening economic development but this only becomes meaningful if programmes effectively reach the poorest and most marginalised children in the first place (Young Lives 2010). I have seen that the programme has reached some of the poorest families, yet quality and relevance is questionable. The families are not convinced, even though they are already interested in assuring their children’s education. Only those who have more space to show initiative, more decision-making power and support in the home really experiment with the offer.

Amongst those who are targeted, several are in a sense ahead of the programme. One mother thought the programme was silly, and said that in any case her husband taught her other child to read before he went to school. A few others are funding their children through university. I told this to an international expert, who said, ‘University? Oh, maybe this programme isn’t for Peru.’ For other families, in the same *Cuna Mas* group,

the programme seems out of context: One mother, Jime, showed me the puppet she had been asked to sew in a workshop. She demonstrated it upside down, as she didn't recognise the face she had been told to copy. Hearing her life story, of parents who had passed away, domestic violence, and her continual long trips to the jungle with her newborn and all her children just for the weekend (so they do not miss school) to earn a living on her land there, I felt unsure about whether the puppet workshop contributed to or relieved her stress. We can see how being targeted for the programme represents a constraint or an opportunity, depending on women's particular circumstances. Some women are pushing to change their family's outlook according to their own plans, with their successes on that path being on some occasions because of state policy, and at other times despite it. For other women, in more vulnerable conditions, there is no guarantee that their effort will result in something more stable for the next generation. The Peruvian government may be misjudging how to best give a hand up to poor children.

We can close this chapter with a comment from Gupta in his work in India on Integrated Child Development Services, who says,

I have emphasized throughout that governmentality is never just about control, it is most of all about concern with the population, with its size, but also with its health, happiness, and productivity. It is precisely this relationship between the state's increased capacity for the surveillance and control of women's lives and its concern with saving the lives of children... that becomes hard to grasp in conventional academic discussions that pit the state against civil society (2001:68).

Despite the critique of the state as seen in this chapter, the sense of importance of being allocated a place in the nation, even if a lower place, is not something that women will readily reject. They do not necessarily disagree with being characterised as mothers of children 'at risk' (nor as responsible for their children's 'rescue'), but in some cases they may not see the sense of the state's proposed solutions. In any case, state interventions are sometimes irrelevant but, for the most part, are better than not being there at all.

Chapter 6: Conclusion

6.1. Summary

Trina said to me, remembering the early days of the *Juntos* programme,

At first we were scared, we didn't understand. Someone said that if they were giving us money, it was to later take our kids and sell them to foreigners. But then a doctor came and told us, 'No, why would they want your kids? They want special kids, not ones like these!' And so we laughed and realised it was true.

This early exchange between village women and the state sums up the scenario: the suspicion, the assumption that help does not come for free, but most of all the assertion that rural people (and their children) are at the bottom of the social hierarchy. This thesis has explored how women feel and act as recipients of state programmes aimed at them as poor rural mothers. In the preceding chapters we looked in detail at the *Juntos* conditional cash transfer programme, the public health nutrition service and the *Cuna Mas* family accompaniment programme, and how they enlist mothers as allies in shaping a new generation in better conditions to rise above poverty and malnutrition. We have seen how the impetus is on the individual to become a responsible mother, for the development of her family, and the nation, a self-improvement project that women, for the most part, have taken on as part of their own interest in assuring a future beyond farming for their children.

Starting with the *Juntos* programme, located under the Ministry of Development and Social Inclusion (MIDIS), under which mothers receive payments conditional on assuring their children attend nutrition check-ups and school, I explained how this programme is central in terms of state efforts to reduce malnutrition, as it greatly increased the use of health centres in rural areas. Despite the programme's often disciplinary and constraining nature, and the burden it puts on mothers to prove and improve themselves, it is made use of by women as part of their own imaginations of progress. Due to the urban professional versus rural farmer dichotomy in contemporary ethnic relations, women manoeuvre using the ideas of the citizen-making project of the day (*Juntos*) to try to position themselves as good mothers. This chapter raised some critical issues about the way in which a new social division has grown up between those who are more able to respond and those who become the 'irresponsible' ones. Women

also question the burden of duties versus what they actually gain from their participation.

The next chapter focuses on the nutrition activities of the public health services (under the Ministry of Health), including the regular appointments where babies are weighed and nutrition advice and supplements (sprinkles) are administered, and the village nutrition sessions. I have shown that some information and advice from the post is accepted and integrated into everyday knowledge and practice in the villages but that some is rejected, such as the use of sprinkles. Women appear to let the health system play a role in food and diet. Their rejection of public health in terms of other health issues has been explained here as an expression of their frustration with receiving a low quality service. One of the main impacts of the medicalisation of malnutrition is that instead of being about food shortage, it has come to be about behaviour inside the family. This tendency towards medicalisation is more difficult for the vulnerable. How new knowledge moves depends on the networks within which it is encountered, and women are positioned differently to be able to act upon it, pointing to the importance of notions of agency. In this case, the new product, sprinkles, is embedded in people's views on the state. The grey filings are suspicious, partly because of their 'chemical' nature, but mostly so because of their source and their target. Women do not reject sprinkles to wait for a more culturally appropriate product, rather they want a product like other mothers, not a special one for the poor.

Finally, the chapter on the MIDIS *Cuna Mas* family accompaniment programme (consisting of home visits to teach guided play) situates the programme as a result of government concern that the population's academic success and productivity depend not only on nutrition but on early childhood development contingent on infants' interaction with main caregivers. We saw that women's general dismissal of the programme does not indicate rejection, or even active distancing from the state development agenda or the science behind it. Women are indeed interested in development in terms of investing in children's education, but they do not relate *Cuna Mas* to this goal. They are more likely to see its worth in terms of an employment opportunity, which serves as a more practical indication of development at village level. They do not necessarily disagree with being characterised as mothers of children 'at risk' (nor as responsible for their children's 'rescue'), but they may not see the sense of the state's proposed solutions.

In summary, we are left with the understanding that despite the problematic nature of women's experience with these programmes, and their doubts and questions regarding quality, women make use of them, in one way or another, in that they coincide with their own hopes or expectations for the future. Here I want to raise a question: what does women's lived experience with these programmes and services enable us to say about the nature and implications of the act of targeting for development, and, in the words of the Peruvian government, for 'social inclusion'? This research initiated as a study about malnutrition, and ends as a reflection on citizenship. Notions of social inclusion and citizenship are threaded through the description of these programmes aimed at poor rural mothers. I will contribute, here, by looking at the problematic nature of being targeted for inclusion in citizenship terms, but also at the way it has been actively used by targeted women as an opportunity. I will explore the interdependence between citizenship and agency and the importance of women's own sense of what is possible.

6.2. Malnutrition and inclusion

First of all, I suggest that the fight against malnutrition has come to be approached as an issue of social inclusion, and has been tied in with notions of citizenship. As we have seen from the outset, the very naming and prioritising of the nature of the challenge in rural Peruvian Andes as one of malnutrition set the scene for the type of response to be proposed. The medicalisation of food scarcity and poverty, to be addressed as malnutrition, has meant that rural populations for the most part experience the fight against malnutrition as a process of identification on their children's bodies, and reception of nutrition advice. As explained by Lock and Nguyen (2010), the introduction of the science of malnutrition has enabled a scenario under which populations at risk are measured and evaluated, bodies are compared along standardised norms, and nutrients are administered. The disciplining of the individual body and optimising of its capabilities and the regulating of the population is central to Foucault's explanation of governmentality. The management of malnutrition in the Andes has enabled us to explore governmentality and the establishment of medical surveillance, as we look at how women, through their condition as mothers, are brought into the realm of the state, and made responsible for taking up state advice, so that national nutrition statistics improve. This medicalisation of parenting has been taken a step further with

the *Cuna Mas* family accompaniment programme, under which child play has been formalised according to child development psychology guidelines in a strategy to improve low levels of primary school education results in rural areas, inviting surveillance of various aspects of parenting, on top of diet and hygiene, within the home.

In this sense, the process of medicalisation has served the state: the process of detecting and treating malnutrition, as suggested by Lock and Nguyen (2010), allows the state to sidestep issues of food scarcity and economic inequality, skipping to a detailed attention to the body, locating the problem as one of specific care of an isolated body, rather than a larger question of structural conditions. We have seen how measurable deficiencies in the growth of bodies and in cognitive capacities of rural toddlers are associated in academic studies with ‘lacks’ in the home, in terms of hygiene, potable water, certain food groups, and stimulation in the form of guided play in the crucial early years when babies are most commonly with their mothers or close family members. Science and a language of shared concern for the future of their children is used by the state to enlist women as responsible for responding to these deficiencies, introducing detailed behaviour change recommendations, drawing attention away from more complex causal factors (for example, lack of access to potable water and sanitation, lack of opportunities to earn a living) which leave families in the rural Andes vulnerable.

In the case of malnutrition this is especially powerful, as numerous academic studies have drawn attention to results indicating that well-nourished and stimulated babies are deemed to earn higher wages in the future (Gertler et al. 2014), so the responsibility to break the intergenerational cycle of poverty (the goal of *Juntos*) becomes the responsibility of the mother. I heard health workers and the *Juntos* coordinator warn women that they will doom their children to a life of poverty, depriving them of professional success, unless they pay attention to their nutrition. As we have seen in the previous chapters, this enlisting of mothers has not been highly contested. In this sense, the Peruvian case is a very fitting example of what has been called ‘reproductive governance’ - how mothers are organised along certain lines, as self-regulating citizens responsible for reproducing rational social and national bodies (Ginsburg and Rapp 1995), citizens who are expected to ‘embody and reproduce state-supported priorities in their values, conduct, and comportment’ (Morgan and Roberts 2012:244).

The language of citizenship circulates in these programmes that enlist mothers to participate in the fight against malnutrition and poverty. Conventionally, citizenship is taken to refer to membership of the nation state and the formal duties and rights which this carries (Kabeer 2006). Bermúdez Tapia (2001) describes it as the condition of belonging to a state, with the exercise of rights and responsibilities guaranteed by that state - in theory individuals within the territory are in that condition just by being nationals of that state. The Ministry of Development and Social Inclusion (MIDIS) explains that state programmes aim for vulnerable, poor homes, urging them to make use of universal public services and in this way fully exercise their rights and citizenship through temporary targeted relief programs.³⁶ Women participate in *Juntos* according to a principal of ‘co-responsibility’ between state and citizen, under which citizens must use health and education services in order to gain cash payments. *Cuna Mas* is described to help children ‘develop thought and construct values to be democratic citizens’ (MIDIS 2013a:14, my translation).

MIDIS, which manages *Juntos* and *Cuna Mas* (amongst other initiatives) and also the *Creceer* strategy that coordinates malnutrition activities with the Ministry of Health, describes social inclusion as ‘the situation in which all people can exercise their rights, make use of their abilities and take advantage of the opportunities that they find’ (MIDIS 2013:11, my translation). The use of the term ‘social inclusion’ was welcomed in policy circles instead of ‘poverty’ because it seemed to refer to more dimensions, rather than just the economic (Aasland and Flotten 2000), also political or structural, social, and cultural causes of exclusion. So, as MIDIS explains, social inclusion programs are aimed at citizens, specifically at rural, dispersed ones, in poverty, those suffering from ‘historic exclusion’ including maternal language, level of education, and lack of state services. These people are the MIDIS ‘target population.’ The Peruvian terms fit along the lines of what Tabbush (2009) says about social exclusion in developing countries: that it is generally associated with locations of extreme poverty, areas in which social and spatial inequalities overlap and meet, or spatial locations that are seemingly cut off from mainstream society. Bermúdez Tapia (2001) concurs with the geographical nature of exclusion, pointing out that in Peru a large category of second class citizens exist, based on rurality and poverty that does not permit proper

³⁶My translation from MIDIS website: <http://www.midis.gob.pe/index.php/es/nuestra-institucion/sobre-midis/porque-existimos-2> Last accessed April 8, 2016.

exercising of their rights. In Peru, as we have seen, malnutrition rates are much higher in rural areas. People in rural areas are targeted for special programmes and services to fight malnutrition, and at the same time, become proper citizens of the state.

Here I have touched upon the way in which the state has linked malnutrition and citizenship and favoured a discourse of social inclusion. What does this approach to services and programmes imply for those who are targeted? How is this inclusion understood? This raises important questions about the terms and nature of this inclusion and contradictions in the citizenship concept, which we will now explore.

6.3. 'Potential' citizens

As a second main theme, I will discuss how the nature of this inclusion is problematic for those who the state is targeting to include, as I have demonstrated throughout my thesis. This raises doubts regarding the inclusive nature of the concept of citizenship. My ethnographic chapters offer evidence of the actions that mothers are expected to undertake. As well as legal *Juntos* requirements, many duties have been added, such as maintenance of the school grounds, *Cuna Mas* workshops, cooking sessions and monthly meetings. Markers of worthiness are communicated by various government workers, such as crocheting balls to play with children, constructing kitchen shelves and cooking *segundos* instead of soup. Rural mothers note that they are continually called to participate in repetitive events directed at teaching them how to feed and care for their families. The rural poor are required to spend a significant amount of their time on participation.

Both Marquardt (2012) and Meltzer (2013), in their work in Peru, have noted that civil participation is a significant aspect of the current governance model. Marquardt writes about how people are enlisted to participate in security programs in marginal neighbourhoods on the outskirts of Ayacucho under the rubric of democratic responsibility and the rights and duties of citizenship (2012:174). Meltzer describes how people are expected to enact their role as 'good citizens' by participating in vigilance committees for social programmes, and to oversee local government budgets, as a means to deepen democracy and strengthen accountability (Meltzer 2013:19,20). Marquardt suggests that the language of citizen participation is used differently in different locations: while generations of residents of the spatially compact city centre

benefit from police presence, people in the new sprawling peripheral districts where recent migrants from rural areas live, imagined as the site of urban unrest, have to participate in civil security patrols. Marginalised communities on the outskirts are held differentially responsible for undesirable urban changes (such as insecurity) and expected to participate differentially to solve those urban problems (2012:176). So security is not a right of citizenship but rather has to be earned through participation (2012:187). Recourse to the ideologies of inclusion and participation not only serve organisational goals but also point to social differences, ‘extending the well-worn paths of class and racial divides’ (Marquardt 2012:176). It appears that for some, citizenship status is assumed, while for others it must be made to happen.

As I have shown, similar to Marquardt’s observations for the urban periphery, by living in rural areas, mothers come under the radar of the state. They are targeted as ‘in process of inclusion’ (MIDIS 2013:13), locating them on spatial boundaries, but also subject to participation in certain activities to overcome their location of disadvantage. This burden of proof is not only about giving time to participate, but is also behavioural. The government has made inclusion not necessarily about what government structures can do to be inclusive, but about what one can do to improve oneself, to take part. Being included in these initiatives comes with various levels of expectations. First of all, due to poverty and location, women are invited to exercise citizenship by making use of government services. Once signed up for *Juntos*, women are legally bound to exercise these rights and duties (health and education) or financial support is halted. Those who fail to ensure their child grows properly are selected for home visits, and often, subject to considerable pressure and even verbal abuse. Women are not surprised when mothers with malnourished babies are yelled at by health workers – they do not view it as a useful strategy but agree that those mothers are ‘irresponsible.’ Of course, the citizenship of urban Peruvians does not need to be demonstrated in those ways. Some do not even have a record of their baby’s growth rate.

In the village, all women are addressed in these programs as in need of improvement. We saw how the *Cuna Mas* technical companion compared herself as particularly ‘clean’ and a visiting engineer associated prevalence of disease with dirty rural living habits. Certain mothers gain favour with health workers and other actors, due to their children’s weight, the appearance of their home, their active role in nutrition events, and

become socially recognised as good mothers. The gradients of responsible mothering come to be managed locally, as neighbours observe each others' cooking, or resent those who skip meetings, or criticise those who do not bother to send their children to daycare.

The central point here is that mothers are approached not as people who are assumed to be citizens, but as potential citizens who have to enact it first. Social inclusion does not appear to be based on the assumption that being a citizen is an automatically inclusive status, but rather it is a value-laden process that requires individual response and action. Inclusion by its very nature also has to exclude: there is a 'tension between citizenship's inclusionary and exclusionary sides—a tension which is inherent to the concept... the idea of inclusion [which] relentlessly produces exclusion' (Isin 2005 in Lister 2007:49). To be targeted for inclusion, one's existing status as a citizen has to be under question. As Lister explains, European anti-poverty activists demanded that citizenship come before poverty, as something that all can stake a claim in, it means being part of mainstream society (Lister 2007:53). Contrary to the definition of European activists, in Peru it is clear that it is impossible that citizenship come before poverty or rurality, because too much work needs to be done in the name of citizenship. Poor rural women are not in the mainstream; rather they can subscribe to a state project to be included. This brings me to suggest the concept of 'potential' citizenship. This suggests a process - the way that they are engaged to work for inclusion - that is not automatic.

The concept of citizenship suffers a further set-back through looking at the Peruvian case: there is an imbalance in the lived experience of rights versus duties. Despite women's fulfillment of considerable duties, they do not feel they have gained access to the general quality of service enjoyed by those who are not subject to the process of inclusion. Throughout the thesis we have seen that villagers sometimes deem public healthcare to be outright dangerous, label the medicine as weak or bad, and comment that users are subject to long waits and sometimes to verbal abuse. Parents complain about the teachers sent to rural areas and many insist that urban public schools are more desirable. The nature of their inclusion raises discontent: it has come as part of a conditional package of rights and duties, in which women are tied in to making use of weak services. The services they are offered in rural areas under the discourse of rights seem to be in fact segregating them from mainstream society, because of the low quality

offered to the poor (in terms of worse health and education results). Being targeted as rural poor, they are being included in a way that is felt to reproduce second-class status and discrimination, not just because of the weight of the burden of proof, but because they are offered bad quality service. If the burden of duties or weight of discrimination gets too far out of balance, women have been observed to react. As I described in my thesis, they are pleased to have managed to ‘kick out’ the earlier *Juntos* coordinator, seen as very angry and rude. More recently, certain villages refused to participate in the Healthy Communities municipal programme, said to create too much work, especially, as one woman asserted, because ‘we already know how to look after our children.’

As a last point about the problematic nature of inclusion, I want to raise the issue of how the approach in Peru seems to actually allow the state to sidestep the issue of race. As we saw, MIDIS recognises language (Quechua speaking populations in the Andes, for example) as one of the factors of historic exclusion (MIDIS 2013:13) along with rural poverty. However, the nature of the individual behaviour change activities proposed are about helping those who want to get involved (rather than looking at the reproduction of these exclusionary structures). The state is indeed investing in extending services to disadvantaged areas, but services are often delivered in the style of ‘fixing up’ the rural poor, and so rather than addressing discriminatory views, state workers actually reproduce racist discourse, as I mentioned in the ethnographic chapters. MIDIS asserts that its programmes are not simply for the poor, but for ‘those who have projects and initiative.’³⁷ This corresponds to the national myth of fluidity, that with sacrifice and education, one can move beyond one’s rural Andean background (as the *Juntos* coordinator asserted, using herself as an example) or Andean appearance (as a health worker pointed out in regards to past president Toledo). This is a very useful scenario for the state: because of a medicalised approach (which reduces malnutrition to direct causes such as diet and hygiene practices) and recourse to individual responsibility, steps to overcome exclusion can be discussed without dealing with race, as people suffering from historical exclusion are invited to ensure their children become healthy, nourished, professionally successful citizens. With the growth of the idea of the ‘active’ citizen, the overtly ‘Indian’ question is hidden (Meltzer 2013a) but the underlying civilizing agenda remains. Women themselves feel that their participation in these

³⁷ My translation, from MIDIS website <http://www.midis.gob.pe/index.php/es/nuestra-institucion/sobre-midis/porque-existimos-2>. Last accessed April 8, 2016.

outreach programmes and the citizen-creation behaviour is a step in a productive direction, in that the initiatives are oriented towards helping their children succeed. It ties into their larger expectations about the fluidity of race, as improved social status (as well as reduced economic vulnerability) is seen to be accessible with urban professionalism.

The challenge of child malnutrition exacerbates this tendency to base inclusion on individual effort. Malnutrition is measurable, observable and solvable and so the public health stance means the onus is on the individual to ensure a fit body as a citizen. As Briggs points out, in regards to the public health response to the cholera outbreak in indigenous areas of Venezuela, differences between populations in terms of their relationship to the circulation of health-related information can be crucial determinants of their citizenship status (2003:292). Multiple publics are created by these discourses, thereby making ideas about populations ‘at risk’ and health inequalities seem natural (2003:290). Has the science of malnutrition naturalised discriminatory views about rural people’s capacities? A stunted body is now understood to be a sign of reduced cognitive development, which reflects on future productivity and earning potential. An NGO technical director (a doctor) told me he decided not to hire a local man, after interviewing him, explaining that he ‘appeared to have suffered from malnutrition as a child’ as his responses were slow. The exclusion is justified on the grounds of the very terms of the targeting – as at risk of malnutrition.

The way in which malnutrition is measured on the body and understood to have repercussions in cognitive development works in both ways: not just an explanation for exclusion, the management of nutrition can come to be seen as a ticket out as well. As one nurse suggested, as long as children are well fed, they will be as tall and intelligent as any Limeño (person from the capital, Lima). The *Juntos* coordinator, too, reminded mothers to grab their opportunity: ‘Sacrifice yourself so you at least have your one last child as a professional... we are lucky those of us who have a child under three, they have a chance!’ she urged them.

6.4. Citizenship and agency

This brings me to the third issue: the way in which this research has brought to light complexities in the relationship between citizenship and agency. When poor rural

women are targeted, they are not being acted upon, they are being required to act. This demands that notions of agency be brought to the forefront in discussions on citizenship and inclusion. While the act of labelling populations or targeting has been said to overlook that people are active agents, thinking, choosing and reacting, not passive recipients (Sen 1995), I suggest that this targeting does actually very much rest on harnessing women's capacity for action. The verb 'to target' expresses identification and action, someone or something being aimed at, a recipient passively being pinpointed. This sounds like a very one-way (and violent) relationship (though in Spanish the word often used is '*focalización*' which can also mean 'concentration' so it does not have to conjure up the same association). In contrast, I want to observe here that in fact targeting for inclusion is very much a two-way process.

I suggest that the act of targeting along citizenship lines does not remove agency but requires it. Citizenship is about enacting rights and responsibilities, especially in a context such as the Peruvian Andes, where, as we observed above, it is not automatic, but implies a strong self-improvement component. As we saw, MIDIS says that inclusion is for those that have projects or initiatives. Research carried out in the UK has critiqued how social exclusion is addressed through a strongly individualistic strategy based on personal agency (Colley and Hodkinson 2001). Non-participation is implied to be an attitude problem and those who chose to (or are, in reality, able to) use government services to re-insert themselves come to be seen as the 'deserving poor' (2001:339,355). In Peru, while the definition of the excluded admits structural disadvantage, the solution puts weight on the individual agency of the poor (as in the UK scenario described). This sheds light on the usefulness of the citizenship discourse, and the way it helps to harness agency to further state policy.

A closer look at women's responses indicates that a supposedly homogenous group targeted as the rural poor are in fact internally divided in terms of expression of agency and autonomy. The concept of agency enables me to describe what I observed as differentiated responses to targeting. I found that the benefit of doubt that women are able to give to state intentions has to do with the expectations they allow themselves to have, based on their own experience of vulnerability, the decision-making space they enjoy and their own perceptions of what is possible. Several women are looked to as potential leaders, are active in state initiatives, describe their marriages as

‘collaborations’ and list their contributions to family economy, and are confident their children will study and work in the city (some of them already do). They describe extreme poverty in their pasts, but move with confidence and pride that they have made something better of their lives, and will offer their children much more than they themselves had to endure. At least two of this group - Juanita the good cook, who won the home visit contest, and Mari, the education enthusiast - made the effort to follow health centre advice and actually give their youngest children sprinkles, in contrast to widespread doubts and rejection of the product.

In contrast, women who continue to suffer extreme poverty and lack of kin support, combined with marital problems, such as Maura and Lena, are at first more reticent to respond to state programmes, and do not have the same capacity or resources to follow recommendations. As has already been noted in the case of health seeking behavior in rural India, differences in agency may be shaped by family support, emotion and relationships (Unnithan Kumar 2001). This too is true for the Peruvian Andes, as women’s space for manoeuvre is closely related to their relationship with their spouses. For example, some single mothers who had supportive parents enjoyed more space for agency than very poor women with invalid or abusive husbands. As I said, women’s reactions differed according to their economic situation. For some women the demands of programme participation get in the way of basic survival, increase the gendered burden of responsibilities, particularly for the most vulnerable mothers, without solving their everyday needs. These women are all in the same target group, yet have very different perceptions of what can be, built on the way their lives have played out and their relationships with kin and partners. These interventions appear to isolate the ones who most need support. Lena’s agency is constrained, limited by the everyday nature of her vulnerability. But even she, tired of getting chastised, and told her children would be taken away, told me that she decided to react, and said to the nurse, defiant, ‘I will feed my children with what I have, how can I feed them like you all want?’

What does this mean for the relationship between citizenship and agency? Similar to what I described above as perceptions of the possible, Kabeer, building on Lister, explains that to act as a citizen requires a sense of agency, or the belief that one can act; agency is not simply about the capacity to choose and to act but also about a conscious capacity that is important to the individual’s self-identity (Kabeer 2006). I found that a

sense of possibility, or even hopes, expectations and vocalised plans for the future, were needed to take fully take part in the mother-oriented activities put forth by the Peruvian government. This is because these activities only really make sense if women can already imagine themselves as on a path out of rural underdevelopment.

This idea overlaps with work on feminist agency, which requires women's ability to 'formulate choices' and not simply to make choices (Maitra 2013). Maitra suggests that 'feminist consciousness' involves an awareness, a consciousness of not just how things are but of how they could be (Maitra 2013). In my research I do not observe this 'feminist consciousness' but I borrow this notion as a very clear description of what I did find in terms of women's sense of the limits of possibility. This idea of 'how things could be' corresponds in Canaguilla to individual notions of their own capacities to get their children ahead, shaped by their domestic circumstances. Both Maitra (2013), and Wilson (2011) too, in her article on the way in which feminist notions of agency have been adopted by international aid discourse, raise the issue of free agency. Maitra explains that this is about not just making choices, but formulating them (2013). Wilson is concerned that instead of free agency, the notion of agency celebrated in aid discourse reflects women's strategies for survival, rather than representing processes of transformation (2011:318). In Canaguilla, some women are just choosing survival, as their vulnerable conditions mean their time and energy are committed to meeting daily needs. But for others, the adherence to state recommendations can signal something transformative, as it corresponds to a vision of what 'could be' in terms of their children's success, and these state initiatives truly represent a step up, in terms of leadership experience, learning, and family health, for example, that can indeed be seen to contribute to their plans for the future. I suggest that their willingness to participate in these external pathways is indicative of their own pre-existing positive sense of possibility.

A final point must be made in regards to the relationship between citizenship and agency as observed in Canaguilla. I find conditionality (as seen in the *Juntos* programme) to be highly problematic in terms of the clear contradictions it exposes in citizenship and agency (and the gaps, therefore, in the government logic of inclusion). Some authors have expressed that maternalist targeting, common in conditional cash transfer programmes, is very limiting, that motherhood is a questionable basis for

citizenship (Molyneux 2009), and that these types of programmes draw on ‘deeply conservative notions of womanhood’ (Cornwall et al., 2008:2). While investment in mothers may be efficient for development, this limits women’s voice to needs prescribed by maternalist policy (Tabbush 2009). In Canaguilla, the condition of motherhood (for women who have children, of course) represents women’s most pressing concerns. I suggest that conditionality is itself more problematic than the limitations posed by using motherhood as a basis for inclusion.

Conditionality implies that mothers are not expected to want to exercise their rights and make use of government services. With conditionality, the state implements a disciplinary system to improve poor mothers who on their own are not capable of being proper citizens. By tying behaviour to payment, the expression of agency is confined by conditionality, and inclusion is shown clearly to be contingent on compliance, demonstrating clear assumptions that families will not develop appropriate behaviours on their own. *Juntos* urges women to prioritise their children, but at the same time assumes they will not. In fact, most women in the rural Andes were already sending their children to school. In terms of health services and *Cuna Mas*, women are being targeted to exercise their rights, by using services they feel are second class. As Fassin (2001) has demonstrated for the Andes, and I also observed in Canaguilla, people’s lack of use of public health services is often mistakenly diagnosed as lack of interest or rejection on cultural grounds, when in fact it is often due to the questionable quality of services.

6.5. Targeting as opportunity

As a last point, I will continue on this topic of the expression of agency, and discuss how targeting for inclusion has been taken up as an opportunity. This thesis has been influenced by the work of Briggs and Mantini-Briggs (2004) on medical profiling along racial lines, as seen in the way the Venezuelan state managed the cholera outbreak, categorising indigenous citizens as ‘unsanitary.’ What I note in the case of Peru is that the state-condoned categories of responsible mother/citizen do not simply correspond to a dichotomy managed by external actors, but are also used locally to set up comparisons amongst those targeted. Nutrition discourse trickles down into daily life to act as a status marker. Similar to discussions offered on the way women side-step the location of underdevelopment in India (Klenk 2004) and Nepal (Pigg 1992), I have shown that

women describe *Juntos* as ‘easy’ to position themselves as realised mothers, in an attempt to leave the attributes associated with poor and rural either in the past, or to other women.

New divisions based on external judgement start to play a role in social relations at the local level. We have seen how women criticise and police each other, in regards to what is purchased and cooked. For example, what was normal (serving soup, having very tiny babies) is now a dividing line, as certain bodies and behaviours are pushed outside the circle of what is acceptable. Even though all women are aware of the conditions of poverty, when problems of food scarcity are seen through a medical lens, those who do not manage to comply with nutrition advice are labelled locally as irresponsible by other women, in order to uphold their own narratives of having faced and overcome poverty and food scarcity. Public health campaigns can lead to insinuations that those suffering health problems are at fault, and health becomes a moral project (Bell et al. 2009, Juárez 2014).

What needs to be understood, then, is that rather than being something external to their agency (decided elsewhere), we can see that this tension in inclusion and exclusion is lived by women, that they as individuals negotiate external expectations, and that it relates to their own perspectives on the limits of their possibilities, based on their own material circumstances and social relations. In other words, women who have built improved relationships with health workers, taken on leadership roles and whose children do well at school, for example, have been heard to voice frustration and disapproval with ‘irresponsible’ neighbours who do not attend social program meetings, sell their eggs and cheese instead of feeding them to their children, or whose babies’ blood tests show anaemia. In order to ‘get ahead’ in the detailed stratifications of Peruvian social hierarchy, it is convenient to have someone stay below. Social programmes serve as a kind of filter to be used by certain women who were already imagining a path to progress along similar lines to the one described by the state (preparing their children for a life other than farming).

What actually constitutes an opportunity for development, in rural women’s opinion? As I described in my thesis, as well as responsible for domestic issues, women consider themselves as economic actors committed to financing their children’s education. The version of reproductive governance seen in the Peruvian Andes, with conditionality and

detailed parenting advice, appears to be missing the mark when we look at local mothers' readings of development. Women's views may coincide with state policy, in regards to how rural location represents a particular development challenge, yet for women in Canaguilla, the solution is very different for mothers and for the state. I have shown how women use some aspects of learned recommendations to place themselves on the path to a developed future, yet I have found that they also directly confront the assertion that this will bring development: behaviour change is only useful up to a point, as they know that however versed they are in state programme participation, development is about location. If they manage to move their children to an urban future, they may reach development, as urban professionals. There is no need for the state to spell out the limits to inclusion: for farmers themselves, small scale farming is not a very viable category to belong to within the nation state.

I have found that these programmes and services, and their acceptance at local level, fit well with Foucault's notion of governmentality. However, this shaping of good citizens is not all-encompassing nor can it be used to explain women's pre-existing interest in this topic. Rather, the state has provided tools to be used by pragmatic potential citizens whose vision coincides with, but is not determined by, that of the state. That certain goals are shared does not mean that state services are seen as useful or relevant. In fact, women are concerned with getting their children into a position where they do not have to even bother with state programmes. They denigrate rural public services for which they are targeted as below them (as we have seen in their reluctance to admit their use of public health service for the treatment of illness, for example, or their fear of using sprinkles). They are not content to be offered what is designated for the rural poor. After generations of questionable treatment of rural Andean populations by the state (for example, subject to very limited access to services, then suspected as potential terrorists, and later targeted for forced sterilisation) the use of citizenship discourse cannot change people's imagination of the state overnight.

The programmes and services are actively used by some as an opportunity, and grudgingly attended by others. The way they fit into individual families' struggles to get ahead serves the interest of the state, as women's agency is directed at self-improvement, which does not threaten the highly stratified status quo. These programmes work not because of a flourishing programme of governance, successful at

promoting self-regulation, but rather because of some people's 'sense of the possible' within the specific Peruvian social hierarchy, whether their hopes be realistic, or not. Canaguilla is the childhood village of several young people who have succeeded in the city: one a businessman, another a teacher, a third a pharmacist. Will women find that there is space in the nation for their citizen-making efforts? Whether or not the significant structural constraints limit their trajectory, we have seen here that there is a whole group of women laudably negotiating the shifting nature of their own and state expectations of what it is to be a mother in the rural Andes.

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